

## Information on IMIA Regional Groups

### APAMI

#### Regional Representative's Report

##### 1. APAMI General Assembly

APAMI General Assembly was held in Daegu, Korea at 28 October 2010. 12 individuals from 7 member societies presented (CMIA, HKSMI, IAMI, JAMI, KOSMI, TAMI, and TMI). We resolved following items:

- *APAMI Conference and Presidency*  
As MEDINFO is going biannual, APAMI conference will be held in every year in between after MEDINFO 2013. Accordingly, presidency of APAMI will be two-year term.
- *Support students to MEDINFO*  
APAMI will support \$1000 each, up to five students in APAMI area whose paper to MEDINFO 2013 is accepted to be read and made presentation.
- *APAMI 2012 Conference*  
By voting by all member societies, it was decided that APAMI 2012 would be held in People's Republic of China.

##### 2. Reported Activities in the APAMI Region

*Hong Kong by Dr. C.P. Wong*

Hong Kong has entered into the most exciting year for development of eHealth since 20 years ago. The government has invested enormously in setting up a territory-wide patient-centered electronic health record system to aim for sharing of patient's health records throughout the private and public sectors of hospitals and clinics. This will be leveraged on the expertise of the Hospital Authority which has run 40 public hospitals for 20 years with a fully interoperable EMR system. The Hong Kong Society of Medical Informatics, joining hands with the eHealth Consortium, went whole hog into pioneering, participating, piloting and evaluating various projects in eHealth training, capacity building and raising awareness in various stakeholders.

The Society of Medical Informatics has assisted in the formation of HL7 Hong Kong, and partnered with eHealth Consortium in piloting eHealth data validation for various existing EMR systems, and organized several seminars in health informatics. We continued to assist the universities in teaching Master and Diploma courses in health informatics.

We are in the process of organizing the First Greater China eHealth Forum which will be held on 7-9 October 2011 in Hong Kong. Mainland China, Hong Kong SAR, Taiwan and Macau will join hands in hosting this event.

*Taiwan by Prof. IJ Chiang*

The flowing list is the activities that TAMI (Taiwan Association for Medical Informatics) had for 2010.

- March 20 A Special Lecture by Taiwan Association of Medical Informatics for Taiwan Surgical Association: the Future Development of Medical Informatics
- March 22-25 The Fourth International Forum on Medical Informatics and Communication Technology
- May 01 Symposium on The Current Status and Breakthrough of Telehealth in Taiwan
- June 02 A Lecture of Cloud Computing in Health Care and Information Technology - The Marketization of Patterns
- June 25 Symposium on Advanced Electronic Medical Record Program for Hospitals held by Department of Health, Taipei City Government
- June 25 Symposium on Cloud Medicine and Personal Information Security
- July 01 The Educational Training of National Medical Image Exchange Center
- Sept 25 Joint conference on Medical Informatics in Taiwan 2011
- Oct 28 The Advantech Application and Innovation Forum on the Trend of Business Opportunity in Intelligence Service

- Nov 16 Symposium on Applications of Cloud Computing to Medical and Healthcare Industry
- Nov 20 The Third Symposium on Taiwan Medical Digital Learning

*Japan by Prof. Michio Kimura*

JAMI had held the 30th JCFMI (Joint Conference on Medical Informatics) on Nov 18-21 at Hamamatsu. More than 2700 attended, and more than 500 papers were presented. One day of the conference was devoted to CJKMI (China-Japan-Korea MI Conference) which is annually held in each country. More than 30 delegates from China and Korea presented their papers.

Meanwhile (in this writing), heavy earthquake and extraordinary high tsunami hit northeastern coast of Japan. More than 20,000 casualties is reported already, more than 250,000 refugees are in the shelters. Healthcare providers are starting to serve healthcare by turns at these shelters. JAMI members., coordinated with JAHIS (JIS vendor association), will provide necessary health records to them.

In this page, JAMI appreciates all the sympathies and warm words addressed to us.

##### 3. Lastly, Sad News

In this term, two medical informatics giants in this area passed away. Prof. Yun-Sik Kwak of Korea and Prof. Shigekoto Kaihara of Japan. APAMI is extending sincere condolences to both of their families. Obituaries are included in this IMIA yearbook.

##### APAMI Web Site

<http://www.apami.org>

##### Regional Editor

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## Helina

### Report on IMIA's African Region

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

HELINA council is delighted to announce the launch of the new website [www.helina-online.org](http://www.helina-online.org). A major concern of the council remains however the organization and the funding of a permanent HELINA secretary. A draft proposal has been made and is being discussed within the board.

The council has continued to collaborate with major institution in Africa. According to this, the council actively contributed to the Expert Meeting on eHealth and Telemedicine Harmonisation in Africa organized by the Department of Social Affairs of the African Union Commission. This meeting took place at the African Union Headquarters in Addis Ababa, Ethiopia from February 28 to March 1<sup>st</sup> 2011. The experts therefore suggested an approach which is for the AU Commission to prepare a strategic framework for eHealth development in the African Region, to support implementation of the Africa Health Strategy 2007-2015. This framework, if followed in and across countries, would lead to eHealth initiatives and projects which adhere to certain common principles. The initiatives would:

- be consistent with the objectives of the African Information Society Initiative (AISII) and leverage instruments such as the National Information and Communication Infrastructure (NICI) and Sectoral Information and Communication In-

- frastructure (SICI) processes;
- be needs-driven and evidence-based;
- subscribe to international norms and standards;

be founded on agreed upon enterprise architectures. The HELINA council has also contributed to this initiative and will adapt the AU Strategic document on eHealth [1].

#### HELINA 2011

This year conference (seventh HELINA conference) is going to be hosted by the Cameroonian Health Informatics Society (CAHIS) in Yaoundé, Cameroon. The conference dates are 28th November – 30th November 2011. The conference objectives are:

- Promote the development of an African eHealth strategy as well as the development of eHealth policies in each African country
- Foster Network-creation between African countries as well as eHealth initiatives in Africa
- Promote best practices in Health Informatics and its application in Africa
- Foster the development of Health Informatics research and education in Africa

The theme of 2011 HELINA conference is: Health Information Systems: Scaling up solutions to transform healthcare delivery in Africa. The Conference tracks are:

- Health Informatics and the Private Sector (collaborations, economics, case studies, etc.)
- Health Informatics Research and Application (implementation research)

- Health Informatics Sciences and Education (core informatics research and design, education)
- Health Informatics in the Public Sector (policy, universal health coverage, finance, insurance, case studies, etc.)

#### Activities in HELINA Region

The French speaking members of HELINA have organized on March 1<sup>st</sup> 2011 a sub-regional conference – Journée d'Informatique Médicale en Afrique de l'Ouest (JIMAO) in Bamako, Mali. JIMAO was co-organized by the Société Malienne d'Informatique Biomédicale et de Santé (SOMIBS), the Société Ivoirienne de Biosciences et d'Informatique Médicale (SIBIM), the Société Camerounaise d'Informatique Médicale (SOCIM), the Société Burkinabé de Communication et d'Informatique Médicale (SOBCIM), and the Association Togolaise d'Informatique Médicale et de Télé-médecine (ATIM-TELEMED).

After the successful organization of MEDINFO 2010, the South African Health Informatics Association (SAHIA) is organizing the 2011 national conference HISA from August 29 to 30 in Johannesburg.

#### References

1. Report of the Experts Meeting on eHealth and Telemedicine Harmonisation in Africa, Addis Ababa, Ethiopia, 28 February – 1 March 2011

#### Regional Editor

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## IMIA-LAC

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

IMIA LAC has been working very hard in the local area for over two decades. We got strong historical support from

the founders members of IMIA LAC. Activities has been very diverse from the last September 2010 in Cape Town South Africa during the Medinfo2010, when the new authorities were elected by all the members' societies, including:

1. Asociación Argentina de Informática Médica (AAIM)

2. Sociedade Brasileira de Informática em Saúde (SBIS)
3. Asociación Chilena de Informática en Salud (ACHISA)
4. Sociedad Cubana de Informática Médica (SOCIM)
5. Sociedad Uruguaya de Informática en la Salud (SUIS)

#### 6. Asociación Venezolana de Informática en Salud (AVIS)

The latest news for our region is that the *Peruvian colleagues* launched their own association of Biomedical Informatics, with a strong commitment to be part of IMIA LAC. We are a small number of societies members for the over 20 countries in the region. This geographical place has over 560 million people, speaking mostly Spanish and Brazil speaks Portuguese.

We are pleased to share with you that several projects of eHealth are happening in many countries in the area, including:

1. Development of postgraduate curriculum in Peru for Biomedical Informatics
2. Launched of the only Chilean Centre of Excellence of Health Informatics, with master and PhD
3. Congress in mHealth in Peru
4. Congress in Argentina, Cuba, Chile, Brasil and Panama
5. Research Collaboration by four Andean countries
6. Government collaboration in Agenda Digital for Health
7. CEPAL engaging local experts in Electronic Health, launched a book with several countries participating, lead by Mexico

#### Progress on IMIA-LAC Goals until 2011

Health informatics within the region is a reality, however sometimes is not called by this name. There are several countries requesting engagement from IMIA LAC, which has impacted the structures of IMIA LAC, consequently IMIA-LAC members proposed several activities to respond to this regional needs, including:

1. Continuing network of Health Informatics Societies in Latin America and the Caribbean and provide emphasis to new interested members such as Colombia, panama, Guatemala, Nicaragua and Bolivia
2. Develop a financial plan for our new role in IMIA LAC executive , requesting guidance from our IMIA LAC member from Brazil
3. Develop a proposal for our members for specific strategies once the financial plan is presented to the assembly
4. Engage all interested parties to active historical activities of IMIA LAC, especially medical informatician involved in this region for decades

INFOLAC2011 in Guadalajara was a success with strong local authorities presence. Dr. Amado Espinoza lead the

wonderful congress of our region, also all the IMIA Board members participated with presentation and workshop pre congress. All IMIA LAC members were very happy with the assembly meeting and all the international friends.

#### Opportunities

Website of IMIA LAC will be updated regularly by Biomedical Informatics students and teacher from Santiago and Valparaiso Chile.

Improve the interaction with Cuban Health Informatics Conference in February 2011, the agenda for engagement was not clear for visit from IMIA LAC. Encourage academic activities such as READING CLUB by ACHISA that attracted several members from their country.

Facilitate engagement opportunities for countries that are not part of IMIA LAC yet.

#### Regional Editor

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## MEAHI

### Middle East Association of Health Informatics

“Better Health through the Better Information: The Agenda for the Middle East 2012 and beyond“ is the MEAHI agenda as a strategic plan. In order to make it operational under IMIA strategic plan, we have been working to activate trans-regional collaborations through individuals, member societies, academia, and industry.

The main priority in this region is to establish a Biomedical and Health

Informatics Education & Research Hub for fostering, and growing up of the Biomedical and Health Informatics Education & Research in both undergraduate and postgraduate levels. This hub will expedite the continuous improvement in quality of education and research in this field in the region. MEAHI will benefit from other IMIA regions activities and experiences to deploy the best practices in this regard.

Building up a sustainable organizational collaboration and communication channel is one of the key drivers for continuous development of Biomedical and health informatics in academia, indus-

trial, and governmental sectors throughout the Middle East, and then has been taken in to account as a strategic policy in MEAHI. It is expected for the first General Assembly of MEAHI to be held in the second half of 2011 in conjunction with a special topic seminar on health informatics in the Middle East in which, the main priorities and related action plans will be reviewed, and discussed for a successful outcome in the region.

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## North American Medical Informatics (NAMI)

### Health Informatics in Canada

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

COACH: Canada's Health Informatics Association provides access to a diverse community of accomplished, influential professionals who work passionately to make a difference in advancing healthcare through information technology. The field of health informatics (HI) is the intersection of clinical, IM/IT and management practices and is helping to modernize healthcare. Our 1,800+ 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 professional certification. Now in its 36th 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 Canada Health Infoway (Infoway) and the Canadian Institute for Health Information (CIHI), to host the largest annual Canadian e-Health conference. COACH and ITAC Health 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

COACH targets the growth and responsible development of Health Informatics

Professionalism (HIP™) on several fronts. This is particularly important in light of the serious risk of labour and skills shortages identified in the *Health Informatics and Health Information Management Human Resources Report*, (November 2009), which COACH spearheaded. This important landmark study provides the first baseline analysis of the profession identifying the supply and demand for HI professionals in Canada. With over 32,000 people working in HI and health information management (HIM) occupations in 2009, it is projected that the country will require 19% to 38% more people as a result of growth and replacement staffing needs in the next five years. Additionally, there will be a need to broaden the skills of between 39% and 78% of HI and HIM employees over those five years.

Visit [www.coachorg.com](http://www.coachorg.com) for details about the following initiatives.

- **Interactive HIP™ Career Matrix**

This new online resource marries the COACH Career Matrix with the *HIP™ Role Profiles* to provide users with the main responsibilities, key competencies, qualifications and other important information about each of the 65 job titles on the matrix. Users simply follow the link from a job title on the matrix to find the corresponding profile from *Role Profiles*. This information is vital to helping employers identify skill gaps and resource requirements and to enlightening employees about the training and education they need to realize their career goals.

- **HIP™ Role Profiles**

This unique resource provides high-level outlines for the 65 job titles on the COACH Career Matrix, including main responsibilities and some of the key competencies and qualifications required. Based on 500+ real jobs, it applies to both public and private sector roles and includes new and emerging roles. *Role Profiles* is being used in career and human resource planning as the type of systems-based resource that is essential to the successful implemen-

tation of the electronic health record (EHR) system in Canada.

- **CPHIMS-CA**

This first professional credential for Canadian HI professionals is available through a partnership between COACH and the Healthcare Information and Management Systems Society (HIMSS). The credential is awarded to eligible candidates who successfully complete both the CPHIMS Exam and Canadian Supplemental (CA) Exam, developed by COACH. Exam candidates can turn to a growing library of study and review materials including COACH's CA Review Course and *Canadian Supplemental Examination Review and Reference Guide*.

- **HIP@work and HIP@school**

Other important initiatives are being developed through these programs. Watch for more career path tools to help employers, human resources managers and HI professionals. COACH also works closely with colleges and universities to promote HI programs and ensure the necessary core competencies are integrated into curriculums.

COACH's professionalism program is grounded in two cornerstones – *Health Informatics Professional Core Competencies*, a copyrighted COACH document 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 multi-disciplinary 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, the first illustration of the full spectrum of career possibilities in Canadian HI, is another important part of the document. In addition, the HIP™ Competency Frame-

work 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.

As part of its commitment to advancing the profession, COACH partnered with Frontline Informatics to make the Health Informatics Training System (HITS), an online, entry-level, self-study course, available in Canada. The Canadian HI academic community is a key stakeholder group that is actively involved in capacity-building initiatives. An increasing number of HI undergraduate and graduate programs can be found at universities, colleges and technical schools across Canada.

The COACH/Canadian Society of Telehealth (CST) merger on April 1, 2010 was an important advance with another key stakeholder group. It has provided all members with greater capacity, coordinated services, a stronger voice and increased clinical focus. The merger builds on the organizations' shared vision of telehealth and HI professionals' critical roles in transforming Canada's healthcare system to meet the increasing demands on it. By joining forces COACH and CST are able to take maximum advantage of their natural synergy and economies of scale to better serve members, stakeholders and the broader Canadian health sector.

Telehealth professionals are represented through COACH's new CTF: Canada's Telehealth Forum. COACH continues to advocate for telehealth and the Canadian telehealth community, while promoting and supporting the integration of telehealth and EHR capabilities through CTF

#### **Privacy & Security Guidelines**

COACH has long contributed to the development of standards for the protection of health information in Canada. COACH's *Guidelines for the Protection of Health Information* was originally published in 1995 and the first online edition was released in

2004. The main 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 2011 edition offers updated content on health information privacy and security best practices and new content about telehealth, cloud computing, personal health portals and more. 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 and continues to reflect the realities and evolving requirements of the HI industry as major initiatives and implementations increase use of the EHR.

COACH also issues supplementary *Guidelines* handbooks focusing on specific subject areas or audiences, with the first being for physicians. The 2010 *Guidelines* special edition, *Putting it in Practice: Privacy and Security for Health Care Providers Implementing Electronic Medical Records (EMRs)*, informs healthcare providers on the most up-to-date privacy and security considerations and best practices related to the procurement, implementation, setup and maintenance of electronic medical record systems in a community practice setting.

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. International jurisdiction licenses for the *Guidelines* are also available.

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

One of COACH's most successful programs is the annual e-Health conference, presented in partnership with Infoway and CIHI. The largest Canadian education, trade show and networking event for IM, IT, clinicians, telehealth and other healthcare professionals, e-Health 2010 attracted more than 1,500 members of the HI community. e-Health 2011: *Enabling Healthy Outcomes* will take place in Toronto May 29 - June 1, 2011. The conference covers the e-Health gamut – information, solutions, implementations, technology, innovations, impact and more. More than 85 hours of education are provided in the eight-track program covering Empowering Consumers, International Approaches to Care Delivery, Telehealth, Methods for Analysis, Measurement and Evaluation, Patient/Provider/System Impact and Outcomes, Informing Policy & Planning, Technologies for a New Decade and Building Readiness.

#### **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. This includes contributing to the ISO/TC215 work on safe health software. COACH is supporting the Expert Task Force, under the auspices of the Canada Health Infoway Standards Collaborative, that provides Canadian input to this important work. The ISO initiative will identify a standards-based framework. 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, Neil Gardner, Grant Gillis, Kathryn Hannah, Elizabeth Keller, Dr. Marion Lyver, Michael Nusbaum, Derek Ritz and Ron Parker 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

COACH is expanding continually, with growth underway as a result of the merger that encompasses telehealth professionals, increased services to all members and increased focus on its institutional and academic service offerings.

The organization operates with a most capable management team, led by CEO Don Newsham. Alison Gardner, Director, Programs, plans, develops and helps launch new and enhanced programs and services. Linda Miller, Executive Director, CHIEF: Canada's Health Informatics Executive Forum, leads targeted programs for CIOs and senior HI executives. John Schinbein, Executive Director, CTF: Canada's Telehealth Forum, leads programs for the professionals who eliminate distance barriers and improve equitable access to services.

The strong association management firm of Base Consulting and Management Inc., including Shannon Bott, Executive Director, Operations. The entire team is fully focused on advancing HI practices and professionalism through enhanced services to members, a defined and understood pro-

fession, 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  
Canadian Institute for Health Information (CIHI)  
www.cihi.ca  
Canadian Nursing Informatics Association (CNIA)  
www.cnia.ca  
Canadian Health Information Management Association (CHIMA)  
www.echima.ca  
Canadian Medical Association  
www.cma.ca  
Canadian Healthcare Association  
www.cha.ca  
Healthcare Information and Management Systems Society (HIMSS)  
www.himss.org  
ITAC Health  
www.itac.ca

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### Biomedical and Health Informatics Activities in the United States

#### AMIA – Informatics Professionals. Leading the Way.

AMIA is widely recognized nationally and internationally as the professional society for over 4,000 health care professionals, informatics researchers and thought-leaders in biomedicine, health care, and science. AMIA is an unbiased, authoritative source within the informatics community and the health care

industry. AMIA's members –primarily in the U.S. but with international membership representing over 65 countries – belong to a dynamic informatics community where they actively share best practices and research for the advancement of the field. Members are subject matter experts and are dedicated to increasing the role of informatics in patient care, public health, teaching, research, administration, and related policy.

There is a lot of new thinking in all parts of AMIA these days and observers will likely notice new language describing the association as “the center of action” and “the voice of the profession”. We are reaching out to many new audiences and communities, often using a more casual, vernacular style to make AMIA accessible and understandable. As part of our rebranding effort, AMIA unveiled a new logo in late 2010. The new logo better conveys AMIA's future orientation, our cutting-edge focus on informatics, biomedicine and health, and our fluid and innovative approach to bringing positive change to health care, healthcare delivery, life sciences, and national health policy.

This rebranding activity was a direct result of strategic planning by AMIA's Board of Directors with input from our members. The changes are not simply cosmetic—they represent a new awareness and commitment to make AMIA an even more influential and effective force for the field of informatics, its practical applications, and its importance to the health of populations both domestically and globally.

#### AMIA's Strategic Plan

In 2010 the AMIA Board of Directors re-evaluated AMIA's strategic plan and overall objectives. AMIA members, meeting attendees, committees, and working groups were asked to provide input. Hundreds of comments were received and resulted in more than 30 pages of notes. Nancy Lorenzi, AMIA's Board Chair used the Grounded Theory approach and turned the data into key

concept areas focused around (1) strategy and finance (2) members (3) sharing our knowledge and (4) leadership.

The Board of Directors held planning retreats and reviewed countless iterations of the plan and continued to refine the materials. A report was published for our members in the March 2011 issue of *JAMIA* and on the AMIA website. The AMIA Board of Directors will be using the strategic realignment to measure ourselves and our direction and we've called for all AMIA members to participate.

### Community Highlights

#### *ACMI*

The American College of Medical Informatics (ACMI) is a college of elected fellows from the U.S. and abroad who have made significant and sustained contributions to the field of biomedical and health informatics. It is the center of action for a community of scholars and practitioners who are committed to advancing the informatics field. The College exists as an elected body of fellows within AMIA, with its own bylaws and regulations that guide the organization, its activities, and its relationship with AMIA. The number of fellows and international associates elected through the years has now reached close to 300, with approximately 15 to 20 new fellows and international associates elected each year. In 2011, ACMI welcomed James Cimino as its new President and hosted a meeting surrounding healthcare economics, HIT, and informatics. The purpose of the meeting was to examine the healthcare economics, the role of health information technology, and the potential contributions from the biomedical and health informatics community in relation to the economic circumstances forecasted for the healthcare system.

#### *Working Groups*

Communication and collaboration among AMIA members is key to advancing the goals of the organization and its membership, and to improving the profession itself. Twenty-two work-

ing groups serve as channels through which current members can exchange information on specific areas of biomedical and health informatics with colleagues and become involved in the development of positions, white papers, programs and other activities that benefit the informatics community. Each working group also has an online community that facilitates interaction among members. In 2011 AMIA enhanced its online WG community tools. To see the full depth and breadth of AMIA's working group activities, visit the AMIA website.

#### *Industry Partners*

This year's Annual Symposium represented a turning point for AMIA and its approach to industry. At the meeting, the Industry Advisory Council (IAC) started work on a corporate program designed to help organizations build cultures of informatics that support collaborations, partnerships, and greater appreciation for informatics as a business discipline. Thanks to the leadership and participation of professionals from AMIA's nearly two dozen corporate partners, the IAC has also established a new plan for working with commercial entities. Membership benefits have been designed to address the needs of four industry segments: emerging technologies companies, start-ups, and tech transfer programs; government, NGO, not-for-profit and research organizations; Academic Medical Centers, IDNs and other large provider organizations; and strategic consultants, solutions developers and product vendors. With the help of its industry partners, AMIA will continue to play an increasingly valuable role of catalyst for knowledge transfer, workforce development, and product research and development in (and around) the commercial sector. In 2011, IAC is informing and driving discussions in a number of key areas, including: Advancement of Secondary Uses, Technology Innovation and the Marketplace, Healthcare Analytics, and Building Blocks for Meaningful Use.

#### *Academic Forum*

The Forum exists to serve the needs of post baccalaureate biomedical and health informatics training programs. It offers a place for academic leaders and faculty from over 35 programs to discuss national research initiatives in informatics and its roundtable addresses objectives for education and research by facilitating collaboration across academic units.

One of the major activities of the forum has been the work to develop the core competencies for biomedical informatics training programs. In 2010, the forum endorsed the competencies for graduate-level programs. These core competencies are designed to provide informatics training programs with a national framework so every student attains a set of core competencies to acquire professional perspectives, analyze problems, produce solutions, implement, evaluate and innovate, and to work collaboratively. In 2011 the forum will publish the full document in *JAMIA*.

### Program Highlights

#### *JAMIA*

In 2010, the BMJ Group took over the publishing function of *JAMIA*. Since then, the journal has undergone major changes. In the January 2011 issue, *JAMIA* entered the new year with a new face to the world using the updated AMIA logo. *JAMIA* also has a new Editor-in-Chief at the helm with Lucila Ohno-Machado taking over the leadership role from long-time editor, Randolph Miller.

Dr. Ohno-Machado has implemented changes to disseminate *JAMIA* to a broader audience, to expand its contents, and to streamline its management. *JAMIA* has expanded its contents and reached out to a broader readership to include the growing number of informatics practitioners and collaborators from other disciplines. The journal implemented a new submission system as well as *Online First*, making journal materials available online as soon as they are accepted. Dr. Ohno-

Machado continues to work with the Associate Editors and Editorial Board on developing innovating ideas to disseminate knowledge to new readers.

#### *Annual Symposium*

AMIA holds the premier informatics forum in the U.S. annually in the field of informatics. In 2010, AMIA held its 34<sup>th</sup> Annual Symposium, which provided a wide range of opportunities for education and discussion on important research and practices that advance the profession and improve health care. Hundreds of papers and posters presented peer-reviewed, state-of-the-art scientific and technical work. In 2011, AMIA will be hosting the 35<sup>th</sup> meeting in Washington, DC, from October 22-26.

#### *Joint Summits on Translational Science*

AMIA's Joint Summits on Translational Science continue to represent the best opportunities for networking with others in the translational bioinformatics and clinical research informatics communities. In 2011, the Summits were held March 7-11 in San Francisco, California. Co-location and 'bridge day' programming enabled the translational bioinformatics and clinical research informatics communities to discuss the cross-disciplinary nature of their research fields, bringing some of the finest minds in both domains together for several days.

#### *Public Health Informatics Education*

In 2011, AMIA's spring educational event focused on public health informatics. The event, entitled "PHI 2011: Setting the Informatics Agenda for Public Health" took place May 25-27 in Orlando, Florida. The meeting focused on setting the national agenda for PHI and celebrated the landmark 2001 AMIA Spring Congress, while also seeking consensus on a national agenda for the next decade. Themes included documenting and re-engineering the business of public health, PH knowledge management, evaluation of PH information systems, the intersection of health

IT and public health, user-centered design and other human-factor approaches, and public health informatics training and competencies.

#### *CMIO Boot Camp*

The AMIA CMIO Boot Camp has evolved into a comprehensive and engaging experience for physicians embarking on CMIO leadership roles in health care organizations and academic research. This four-day program provides essential knowledge and tools that CMIOs need to succeed in today's business environment. Attendees learn best practices and hear evidence from those at the forefront of the biomedical and health informatics profession. The 2011 Boot Camp will be held this fall.

#### *Health Policy Meeting*

AMIA convened the fifth invitational health policy meeting "The Future of Health IT: Innovation and Informatics" in September 2010 and, at the time of this writing, is planning its sixth meeting for 2011. At the 2010 meeting, AMIA convened a panel of diverse stakeholders and experts to discuss a range of issues related to health information technology (health IT) innovation and informatics and their attendant issues, and to provide an open and neutral environment for complicated discussions. AMIA sought to further the national discourse focusing on the urgency and complexity of the issues surrounding the future of innovation in health IT. A report from the meeting is being prepared for publication.

#### *Education and Training—10x10 and beyond*

Workforce education and development is critical to the future of the biomedical and health informatics profession and the transformation of the health care system. AMIA is committed to the education and training of a new generation of clinical, public health, research, and translational bioinformatics professionals who will lead the deployment and use of advanced clinical computing systems. AMIA continues to train

thousands of professionals and students through the 10x10 program.

The project to develop clinical informatics as a medical specialty continues with the American Board of Preventive Medicine (ABPM). The proposal for a medical subcertificate in clinical informatics will be considered in 2011 with the first examination likely in the fall of 2012, pending approval of the American Board of Medical Specialties (ABMS). In 2011, AMIA continues to evaluate the next step in the process which is to bring the various disciplines involved in clinical informatics to a common understanding with respect to advanced training and certification. AMIA continues to seek funding to develop an advanced inter-professional clinical informatics certification (AIIC) which will complement its work with the medical specialty certification.

#### *Policy Activities*

AMIA, in coordination with its members, works with key decision-makers, policy-makers, and other health stakeholders to help shape public policy to address today's ongoing biomedical and health informatics issues, such as ensuring availability of a trained informatics workforce, protecting funding for core biomedical and health informatics research and training programs and services and ensuring sound implementation of health information technology. AMIA sustains a vocal and noticeable presence throughout the National policy-making process. Of note is AMIA's Annual Hill Day where AMIA visits members of Congress and their staff to inform and educate policymakers on behalf of biomedical and health informatics programs and services. Throughout the year, AMIA submits comments and information in response to Federal agencies' requests for input to their rulemaking and governance processes and procedures.

#### **International Highlights**

##### *ARGOS eHealth Consortium*

The ARGOS eHealth Consortium is a project funded by the European Com-



mission with the overall goal of contributing to the formation of a “Transatlantic Observatory for Meeting Global Health Policy Challenges through ICT-Enabled Solutions” to develop and promote common methods for responding to global ehealth challenges in the EU and the U.S. The observatory will promote mutual understanding and learning among EU and U.S. policy researchers and policymakers on health IT challenges with a global dimension. AMIA is one of the project coordinators and organized a meeting at the AMIA 2010 Annual Symposium. The meeting aimed at furthering the work of establishing the transatlantic observatory and featured a number of themed breakout sessions focused on developing and promoting common methods for responding to global eHealth challenges in the EU and in the U.S. In 2011, AMIA will be helping coordinate the final project recommendations to support coordinated actions on eHealth policies in the EU and the U.S.

#### *Global Health Informatics Partnership*

In 2010, AMIA launched the Global Health Informatics Partnership (GHIP). GHIP is committed to helping health providers and information consumers at all levels leverage information and communication technologies to achieve better health for all. GHIP was formed to provide an organizational umbrella for AMIA's growing global programs and to expand global collaboration in health informatics. As a wholly-owned subsidiary of AMIA, GHIP draws upon the substantial professional resources that AMIA and its membership represent. Robert (Bob) Mayes, hired as Executive Director of GHIP, leads the organization. GHIP currently manages two major international programs—the Global Partnership Program (GPP) and the Health Informatics Building Blocks (HIBBs) project. GPP has brought together many representatives from the international

informatics community to design and plan a system of partner organizations (typically universities or health systems) that will enhance informatics educational opportunities in the context of healthcare delivery projects, with emphasis on using EHRs to support both patient care and public health. GPP leadership, subcommittees, and staff are currently working to publish articles that will share GPP experiences with others in the field, while continuing to converse with the Bill & Melinda Gates Foundation and building relationships with other potential funders and partners.

The second major effort, the HIBBs project, seeks to strengthen the ability of healthcare workers in resource-constrained environments to use health information communications technology (HICT) applications, thereby improving the quality of health care. With initial development funding from the Rockefeller Foundation, HIBBs has created four (4) preliminary prototypes that were demonstrated and evaluated at Medinfo. A partnership with OER Africa was initiated to host a HIBBs page on their website. HIBBs activities for the last quarter of 2010 include pilot tests of HIBBs by African partners, creation of a repository that will provide open access to HIBBs, and development of a framework for indexing HIBBs content to help users determine which modules meet their needs.

As an international collaborative, GHIP leverages resources and expertise not only from AMIA, but from various organizations that participate in the partnership as well. GHIP has signed strategic alliance agreements with the Health Metrics Network (HMN) administered by the World Health Organization, and with IMIA.

#### *NI2012: Advancing Global Health Through Informatics*

AMIA is hosting NI 2012 for the IMIA NI-SIG. The 11th International Congress on Nursing Informatics will be

held in Montreal, Canada, June 23-27, 2012. The Congress provides a forum for nurses and other health care professionals to inform, study, evaluate, innovate, and create a climate in which they can pursue their professional goals. Accordingly, meeting objectives are to generate and share information; to examine the impact on nursing of information technology in the areas of clinical practice, education, administration, and research, and health policy; and to provide an update on trends, developments, and innovations in information and communication technologies (ICT) in nursing and health care.

A stellar group of individuals is leading the meeting's program development and they are actively looking for participation from the international informatics and HIT communities to submit, exhibit, and sponsor.

A number of meeting innovations are being considered to best serve our diverse audience, including synchronous webcasting and real-time translation of select sessions into Spanish. Entities with global reach and/or concentration in this area of ICT would make ideal conference partners.

For more information on submissions or to evaluate sponsorship opportunities, visit the NI2012 website at [www.ni2012.org](http://www.ni2012.org).

#### **For more information**

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## 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. 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

EFMI has organised 2 series of meetings: the Special Topic Conferences EFMI-STC and EFMI\_Medical Informatics Europe.

#### MIE Conferences

So far 22 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), Maastricht (2006), Gotenburg (2008) and Sarajevo (2009). The next MIE congress will take place in Oslo (2011).

#### Special Topic Conferences STC

STCs have taken part in Bucharest (2001), Nikosia (2002), Rome (2003), Munich (2004), Timisoara (2006) Brijuni island, Croatia (2007), London

(200), Antalya (2009), Reykjavik (2010) and Lasko 2011. For 2012 the preparations for Moscow have started. Its concept has the following successful components:

- Organisation 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

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 Methods of Information in Medicine for selected papers from the EFMI conferences. The accepted papers were available from the EFMI-pages for the first time for the conference participants.

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, György Súrjan (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 different 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 work-

ing 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>) or on the homepage of the working groups if available.

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## Information on EFMI Working Groups

Rolf Engelbrecht<sup>1</sup>, Patrick Weber<sup>2</sup>

<sup>1</sup> Ismaning, Germany

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EFMI is a nonprofit organisation concerned with the theory and practice of Information Science and Technology within Health and Health Science in a European context. Its activities focus on annual conferences, MIE (Medical Informatics Europe), STC (Special Topic conference), tutorials and workshops. EFMI publishes proceedings and special issues of its activities in scientific journals and books. It has national societies in 31 member countries in the WHO-region Europe and 16 institutional members. Personal members are welcome in working groups. The EFMI portal provides very actual international news and information about research and use of computers in health care. <http://www.EFMI.org>.

### Working Groups

EDU - Education in Health Informatics

John Mantas, Athens; Arie Hasman, Amsterdam (jmantas@cc.uoa.gr, a.hasman@amc.uva.nl)

EHR - Electronic Health Records  
Bernd Blobel, Regensburg (bernd.blobel@klinik.uni-regensburg.de)

EVAL - Assessment of Health Information Systems  
Elske Ammenwerth, Innsbruck; Pirkko Nykanen, Tampere; Jytte Brender, Aalborg (elske.ammenwerth@umit.at, pirkko.nykanen@uta.fi, jytte@brender.dk )

HIIC - Health Informatics for Interregional Cooperation  
Lacramioara Stoicu-Tivadar, Timisoara; (stoicu@yahoo.co.uk)

HOFMI - Human and Organisational Factors of Medical Informatics  
Jos Aarts, The Netherlands; Marie-Catherine Beuscart-Zépher, Lille, France (j.aarts@bmg.eur.nl, mceuscart@univ-lille2.fr)

IDR - Informatics for the Disabled and Rehabilitation  
Cristina Mazzoleni, Italy (cmazzoleni@fsm.it)  
- inactive -

LIFOSS - Libre/Free and Open Source Software in Health Informatics  
Thomas Karopka, Germany (TKaropka@gmail.com)

MCRO/MBDS - Casemix, Resources Management and Outcomes of Care  
Francis Roger-France, Brussels; Jacob Hofdijk, Utrecht (frf@skynet.be, jhofdijk@casemix.nl)

MIP - Medical Image Processing  
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NLU - Natural Language Understanding  
Patrick Ruch; Robert Baud, Geneva (patrick.ruch@hesge.ch, Robert.Baud@sim.hcuge.ch)

NURSIE - Nursing Informatics in Europe  
Patrick Weber, Lausanne; Thomas Buerkle, Erlangen (patrick.weber@nicecomputing.ch, thomas.buerkle@imi.med.uni-erlangen.de)

PCI - Primary Care Informatics  
Simon De Lusignan, Guildford (s.lusignan@surrey.ac.uk)

PPD Personal Portable Devices  
Paul Cheshire, UK; Peter Pharow, Illmenau (efmi\_ppd@yahoo.co.uk, Peter.Pharow@web.de)

SSE - Safety, Security and Ethics  
Bernd Blobel, Regensburg (bernd.blobel@klinik.uni-regensburg.de)

TRACE - Traceability of Supply Chains  
Christian Lovis, Geneva; Christian Hay, Switzerland (christian.lovis@hcuge.ch, hay@medinorma.ch)

## Information on EFMI Working Groups

### EFMI WG EDU

#### Education in Health Informatics

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<http://www.EFMI.org>

#### Objectives:

- To disseminate and exchange information on Biomedical and Health Informatics (BMHI) programs and courses.
- To advance the knowledge of how BMHI is taught to health care professionals, to students in Europe
- To promote a database on programs and courses on BMHI education
- To produce international recommendations on BMHI education
- To support BMHI courses and exchange of students and teachers.

#### Recent and Future Activities:

- Publication of further editions of Globalization of Health Informatics Education, Studies in Health Technology and Informatics, Edited by: E.J.S. Hovenga and J. Mantas, 276 pp., IOS Press, 2004.
- A task Force worked on revising the educational recommendations for two years. Publication of the Revised version of Educational Recommendations of IMIA. J. Mantas et al. *Methods Inf Med.* 2010 Jan 7; 49(2): 105-120. The document of the revised recommendations was presented during a International Conference in Buenos Aires in November 2008. It was prepared by the Task Force chaired by the EFMI WG Chair on Education.
- Collection of data to update the database of programmes and courses on the WG website.
- Support to expand BMHI programmes in countries of Eastern Europe through TEMPUS initiatives.
- A work will be initiated and coordinated to develop skills and competencies in the field of Biomedical and Health Informatics.

### EFMI WG EHR

#### Electronic Health Records

##### Chair:

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<http://www.EFMI.org>

#### Objectives:

The working group deals with the issue electronic health records in the different levels of development: case level, organisational level, regional level, national level, and international level. The Working Group supports

- Studies on specification, implementation, and promotion of standards for EHR
- Modelling of EHR architectures and interoperability
- Education on the EHR field

#### Recent and Future Activities:

- Organizational sponsor of the EFMI STC 2010 „Seamless Care – Safe Care: The Challenges of Interoperability and Patient Safety in Health Care“ in Reykjavik, Iceland (together with WGs SSE and TRACE). Results are published at IOS Press SHTI Vol. 155.
- Organizational sponsor of the 7<sup>th</sup> Annual Conference of the ICMCC 2010 in London, UK (together with WG SSE and PPD). Results are published at IOS Press SHTI Vol. 156.
- Tutorial „eHealth Platforms for Personal Health: Architecture, Policies, Models, Security and Privacy Requirements and Solutions“ at ICMCC 2010.
- Organizational sponsor of the EFMI STC 2011 „E-salus trans confinias sine finibus e-Health Across Borders Without Boundaries“, in Laško, Slovenia (together with WGs SSE, HIIC and PCI). Results are published at IOS Press SHTI Vol. 165.
- Workshop at MIE 2011 in Oslo, Norway (together with WG SSE)
- WG Meeting at MIE 2011.

## EFMI WG EVAL

### Assessment of Health Information Systems

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## EFMI WG HIIC

### Health Informatics for Interregional Cooperation

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## Activities May 2010 – April 2011

- The working group continues its close collaboration with the IMIA Working Group on Technology Assessment and Quality Development, for example by the above listed joint publications and joint workshops and tutorials at international conferences.
- GEP-HI, the Good Evaluation Practice Guidelines in Health Informatics, have been finalised and are just under review for publication in a major health informatics journal.
- The working group organized workshop on GEP-HI and STARE-HI (Statement on Reporting of Evaluation Studies in Health Informatics) at Medinfo 2010 in Cape Town. The detailed presentations can be found at <http://iig.umit.at/efmi/>.
- Based on STARE-HI, the mini-STARE-HI guidelines for publications in conference proceedings were developed, validated and published: Keizer N, Talmon J, Ammenwerth E, Brender J, Nykanen P, Rigby M. Mini Stare-HI: Guidelines for Reporting Health Informatics Evaluations in Conference Papers. Proceedings of Medinfo 2010, pp. 1206-1210. An extended paper on mini-STARE-HI has also been accepted for Methods of Information in Medicine.
- The working group is working on two elaboration papers for STARE-HI and GEP-HI that will give further explanations and justifications as well as examples.
- Members of the working group have written a paper on Evidence-Based Health Informatics that will be published in the IMIA Yearbook of Medical Informatics 2011, and contributed to workshops at the International Conference on Integrated Care 2011 in Odense/DK.
- The working group has planned several activities at MIE2011 that takes place August 2011 in Oslo. Among others, the planned workshops, tutorials and panels deal with the evaluation of ehealth systems, the new Medical Device Directive and with scientific writing.
- The web-based Evaluation Inventory was completely updated and expanded. It now comprises around 1.500 abstracts of evaluation papers in health informatics and allows researchers from all over the world to submit papers for inclusions. The Evaluation Inventory database is available for free at <http://evaldb.umit.at>.

## Objectives:

- To promote exchange of information and experiences between actors in Europe, especially in developing regions
- To investigate the needs, opportunities and obstacles for e-health and to review and select from different education options for developing regions.
- To disseminate European and world-wide results and experiences across regions and between professionals
- To facilitate access to European groups and their facilities and outcomes by students and health professionals from developing regions
- To disseminate European and world-wide results and experiences across developing regions and professionals

## Recent and Future Activities:

- Chairing EFMI-STC 2011 Laško, Slovenia.
- Support for Serbia and Moldavia to relate to European documents and possibilities of financing of health informatics projects.
- Starting cooperation at regional/county level between Romania and Hungary (Timis –Csongrad)
- Initiation of a regional co-operation forum.
- Starting from 2009 a Master degree in Information Systems in Healthcare, a unique cooperation in the area between a Technical University and a Medical University in order to prepare specialized staff in healthcare informatics having different backgrounds; extending the cooperation to regional level with Hungary starting 2011.

## EFMI WG HOFMI

### Human and Organisational Factors of Medical Informatics

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## EFMI WG LIFOSS

### Libre/Free and Open Source Software in Health Informatics

#### Chair:

Thomas Karopka  
Germany  
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### Objectives

- To organize workshops and tutorials dedicated to the WG topics
- To establish networks of people involved in human and organizational issues in the healthcare domain, and to learn about new developments and their activities
- To disseminate knowledge about human and organizational factors in medical informatics by various activities, such as conferences, educational events, publications.

### Recent and Future Activities:

- 4th conference „Information Technology in Health Care: Sociotechnical Approaches“, Sydney, Australia, 28 - 30 August 2007. The conference also included a doctoral colloquium. Papers published in „Studies in Health technology and Informatics“, Vol. 130, IOS Press. There were over 100 participants. A selection of the best papers will be published in a special issue of the International Journal of Medical Informatics.
- A business meeting took place at MIE2008 in Göteborg, including paper presentations.
- The Fourth International Conference IT in Health Care: Sociotechnical Approaches (ITHC2010) at the University of Aalborg (Denmark) on 23 and 24 June 2010 will be supported. The theme of the conference is „From safe systems to patient safety.“

### Objectives:

- evaluation of free/libre and open source materials and approaches
- exploration and development of open standards
- use of free/libre and open source systems, and knowledge transfer about these systems
- a European focus, including activities aimed at, but not exclusive to, the Euro-pean Union.

### Recent and Future Activities:

- April 2010, FLOSS in health care track at Med-e-Tel 2010, Luxembourg with 23 presentations, 1 keynote and 1 panel discussion.
- April 2010, Keynote presentation at International Workshop on Free/Open Source Software at King Abdulaziz City for Science & Technology, Riyadh, Saudi Arabia.
- July 2010, Presentation of EFMI LIFOSS WG at the First International Workshop on AAL Service Platforms (WASP 2010) at IEEE Healthcom 2010, Lyon, France.
- September 2009, Co-organization of Workshop with IMIA OS WG: Free/Libre Open Source Software- Prospects, Challenges and Barriers in Healthcare IT at MEDINFO 2010, Capetown, South Africa.
- October 2010, Presentation of EFMI LIFOSS WG at the FLOSS Competence Center Summit at the Open World Forum, Paris, France
- April 2011, 2nd FLOSS-HC track at Med-e-Tel 2011, Luxembourg.
- The WG has started a cooperation with MedFLOSS.org (<http://www.MedFLOSS.org>), a website **providing a comprehensive and structured overview of Free/Libre and Open Source Software (FLOSS) projects in the domains of medical informatics and health care.**
- EFMI LIFOSS WG will continue the close cooperation with IMIA OS WG as well as with other FLOSS initiatives like the Ambient Assisted Living Open Association (AALOA, <http://www.aalooa.org>) and the FLOSS Competence Center Network (<http://www.flosscc.org>)
- **The WG will propose a joint workshop with IMIA OS WG and AALOA for MIE2011 in Oslo.**

## EFMI WG MCRO

### MBDS - Casemix, Resources Management and Outcomes of Care

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<http://www.EFMI.org>

### Objectives:

- To create a platform for issues related to resource and quality management of health care delivery by the organisation of special topic conferences, workshops, and teaching sessions.  
The focus is on continuity of care, seamless and integrated care by the developing standards for clinical parameters, the standardization of datasets, and the proliferation of Case Mix tools and Severity of cases.
- Special focus is given to the involvement of patients to improve their own health by playing an active role in their treatment.
- The communication of up to date experiences and/or references between members, including national data sets, terminology, coding system and patient classification methods for resource management and quality of care
- The dissemination of results about Casemix Concepts, the role of the Electronic Health record, benchmarking and data mining tools in this specific area among EFMI and IMIA affiliated members and participants to their meetings.

### Activities:

- A continuous series of Continuity of Care sessions at different meetings, like the WorldonHealth IT.
- Creating an involvement of global casemix activities by an active approach to members of IMIA and their regional groups and to PCSI, the international Casemix network. To test the idea of a global IMIA based working group with this approach.

### Projected Outcomes

- Make an inventory of casemix management methods used in different countries
- Promote the use of Casemix tools for integrated care, with a focus on prevention.
- Improve quality of care by showing stimulating results based on positive changes in outcomes of care
- Describe best practices that could facilitate the quality management by the use of clinical data linked to outcome and financial data
- Organize computerized training for various health professions and policy makers

### Recent and Future Activities:

- MIE2008 - Working group session on Casemix and Integrated Care, CHAINE Revisited
- PCSI 2008 Lisbon, Workshop on Casemix and Chronic Disease Management.
- MIE2009 / Joint Session with CONTSYS about Continuity of Case and Casemix tools for Chronic Disease Management.
- Special Session on Casemix during the STC2010 in Iceland on Casemix and Chronic Care.
- Presentation at WoHIT Budapest, Infolac Conference in Mexico and at the Innovation Village at MIE2011.
- Joint presentation at the PCSI conference in Montreal



## EFMI WG MIP

### Medical Image Processing

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## EFMI WG NLU

### Natural Language Understanding

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### Objectives:

- To support communication and common efforts of academia and industry to increase quality of innovation, research and development in the field of medical image processing.
- To promote the creation of reference image databases for medical image processing R&D groups and a web-based information system on image processing activities in Europe, including research groups and their activities.
- To organise and conduct workshops at EFMI conferences and other events.
- To build and maintain close relationship with persons, groups, organisations and standardisation bodies.

### Recent and Future Activities:

- At CARS2010 in June 2010 in Geneva, the WG organised the 2<sup>nd</sup> CADdemo@CARS workshop for demonstration of computer aided diagnosis research prototypes.
- In March 2011, the 19th CATAI Winter Course of the University of La Laguna, Tenerife, Spain, will be supported by a presentation on emerging DICOM applications on 4G mobile phones.
- In June 2011, the 3<sup>rd</sup> CADdemo@CARS workshop and an accompanying business meeting are planned for CARS 2011 in Berlin.
- For MIE 2011 in August in Oslo, a joint workshop together with IMIA working group biomedical pattern recognition is planned on the topic „Patient empowerment and high-tech imaging and biosignal-based procedures – contradiction or challenge?“.

### Objectives:

- To organize events, such as workshops and conferences dedicated to NLP (Natural Language Processing) and related fields (semantics, information retrieval, text mining...) applied to the bio-medical domain in a broad sense;
- Networking with persons and societies involved in natural language processing and text mining in the medical domain, especially in Europe, and to learn about their current developments and activities. To develop connections with experts in NLP applied to unrestricted domains and to participate to related events;
- To represent EFMI at IMIA WG6 and at AIME, as well as in biomedical and molecular biology forums (e.g. ISMB, International Society for BioCuration) and to lobby to promote EFMI's expertise to standards and policy-makers (WHO, IHE-Europe, National Library and Medicine, ECDC, European Union) by for instance by helping to prepare strategic research agenda of research funding agencies;
- To develop and maintain capacity services in the field of biomedical natural language processing, text mining and information retrieval; in particular to bridge the gap between bio- and medical informatics.

### Recent Activities:

- WG NLU has established connections with leading EU initiatives in the domain of analysis of Clinical Reports using text analytical instruments, such as DebugIT (<http://www.debugit.eu/>) and PSIP (<http://www.psip-project.eu/>);
- Various capacity and infrastructures services, regularly maintained by the NLU working group, have been launched and/or updated (new MEDLINE baseline for the EAGLi bio-medical question-answering engine: <http://eagl.unige.ch/EAGLi/>; new release of SNOMED for the SNOCat medical coding tool: <http://eagl.unige.ch/SNOCat/>; the list of services is available on the Bibliomics and Text Mining (BiTeM) resource pages on <http://eagl.unige.ch/bitem/resources.html>;

## EFMI WG NLU

(continued)

- During the previous MIE conference, the WG co-organized a workshop on „Advanced Computer Methods for Patient Safety“, where several recently launched EU initiatives were presented by representatives of both scientific and industrial partners such as Hans Åhlfeldt (LiU), Patrick Ruch (HES-SO), Dirk Colaert (Agfa), Håkan Hanberger, Sten Walther (ECDC), Johan van der Lei (Erasmus MC), Régis Beuscart, Paul Bartel, Carl Suetens (ECDC);
- In January 2010, a DebugIT winter school dedicated to semantic interoperability in biomedicine, was scheduled in Paris (<http://www.debugit.eu/documents/DebugITwinterschool2010.pdf>). Topics such as Text Mining, Question-Answering and their relationship with Decision-support for clinical application were discussed;
- In March 2010, the UniMed resource (<http://www.unimed.eu/>), which aimed at bridging the gap between genotypic and phenotypic description of genetic pathologies has been presented in Berlin during the second BioCuration conference;
- In September 2011, members of the WG were invited to present WG resources during the kick-off of the KHRESMOI project, a FP7 European project to design the next generation multimodal search engine for both radiologists and patients (<http://khresmoi.eu/>);
- In January 2011, members of the WG were invited to participate in the Swiss chapter of the epsOS project (Smart Open Solutions for European Patients, <http://www.epsos.eu/>) with focus on „Semantics and Content“ activities; thus being responsible for the maintaining of terminological services for epsOS.

### Future Activities:

- Two WG-endorsed workshops are under preparation and should be submitted to the MIE 2011 program committee;
- Representatives of the NLU WG are actively participating in research project accepted and under preparation, including Innovative Medicine Initiative's projects;
- The working group will be present at the IHE Projectathlon/epsOS Connectathlon in April in Pisa to present WG resources and capacity services in the field of terminology management.

### Objectives:

- To support nurses and nursing organizations in the European countries (18 members) with information and contacts and the field of medical informatics
- To offer nurses opportunities to build contact networks within the informatics field.
- To support the education of nurses with respect to informatics and computing.
- To support research and developmental work in the field and promote publishing of achieved results.

### Recent Activities:

- Second version of „Nursing and Informatics for 21st Century“ published together with Ch. Weaver, C. Delaney, P. Weber and R. Carr was published February 2010 and launched at HIMSS annual conference in February 2010 Atlanta US. HIMSS 2010 European meeting Barcelona. We participate at the EFMI event called Information to bridge the gaps in continuity of care!
- STC 2010 Iceland we had an active participation from our Nurses to this successful conference.
- MedInfo 2010 South Africa together with IMIA NI we had very active participation to this event. With papers, workshops, panels.

## EFMI WG NURSIE

Nursing Informatics in Europe

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## EFMI WG PCI

### Primary Care Informatics

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### Definition

Primary Care Informatics is the scientific study of data, information and knowledge, and how they can be modelled, processed or harnessed to promote health and develop patient-centred primary medical care. Its methods reflect the biopsychosocial model of primary healthcare and the longitudinal relationships between patients and professionals. Its context is one in which patients present with unstructured problems to specially trained primary care professionals who adopt a heuristic approach to decision making within the consultation. (*JAMIA 2003;10:304-309*)

### Objectives:

This Working Group aims to further develop the theoretical basis for best practice, which should underpin the use of Informatics in Primary Care.

- To advance pan-European cooperation and the dissemination of information in the domain of primary care informatics.
- To promote high and common standards of applications used in primary care – with a focus on the usability of technology in primary care.
- To promote research and development aimed at developing a core generalisable theoretical basis for primary care informatics.
- To encourage high standards in education

### Recent and Future Activities:

- Involvement in the TRANSFoRm. project – which is setting out to develop a template for an electronic primary care research network across Europe and improved decision support. Our working group workshops at EFMI meetings will focus on understanding the barriers to sharing health data. ([www.transformproject.eu](http://www.transformproject.eu))
- A combined workshop with IMIA and other regional informatics associations at MEDINFO 2010.
- The outputs from our workshop at IMIA have led to: (1) A workshop at the EFMI STC in Slovenia 2011; and (2) A second contribution to the IMIA Yearbook.

### Special offer to members of the PCI WG – Reduced subscription to Informatics in Primary Care:

Reduced subscription to the Journal of Informatics in Primary Care Members of the working group are able to obtain a reduced subscription. Please see the working group part of the EFMI website ([www.efmi.org](http://www.efmi.org)) for details; new subscribers are also entitled to a free book.

## EFMI WG PPD (formerly CARDS)

### Personal Portable Devices

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## EFMI WG SSE

### Security, Safety and Ethics

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### Objectives:

EFMI WG PPD aims at being a European competence centre to monitor ongoing activities and to provide knowledge to policy makers and systems designers involved in projects related to personalised, portable devices (PPD) such as cards, tokens, sensors, actuators, and similar technologies in the domain of healthcare, welfare, and beyond

- Competence and know-how focused on health care identity management (ID), identification, and role management (entitlement) schemes
- Vision of personalised portable device technology applications
- Marketing, dissemination and deployment of WG ideas and results on national and European level including research projects and networks of excellence

### Recent and Future Activities:

- Mini symposium on „Personal portable devices as enablers for ambient assisted living environments“ in the context of the pHealth 2010 event in Berlin, Germany, June 26h to 28th, 2010
- Active participation in MEDTEL 2010, Usti nad Labem, CZ
- Participation in EU project proposals in the area of AAL, EU FP7 Call 7, TEMPUS
- Submission of papers to various conferences like pHealth 2011, MIE 2011
- Workshop, presentation and poster at pHealth 2011, Lyon, France, June 2011; presentation and supporting partner for MIE 2011 workshops prepared by WG EHR and WG SSE
- All activities are performed in close cooperation with ETSI and IMIA WG AAL. EFMI WG PPD co-operates with Standard Development Organisations (SDOs) (especially ISO TC 215, CEN TC 251, CEN TC 224, ISO/IEC JTC 1, and ETSI), EHTEL, World ID steering committee and other relevant organisations. The activity plan is being resumed on a yearly basis. It includes several means of active participation in various scientific events (workshop, session, presentations, papers, etc.).

### Objectives:

Speeding up the use of ICT for health care increases the challenge for trustworthiness, security and safety of solutions and infrastructure deployed. The WG aims to promote development, education and training on the field of security and privacy in health care. Close collaboration with other EFMI-WGs and beyond as well as with IMIA WG4 as for securing their ICT solutions for health care.

### Recent and Future Activities:

- Organizational sponsor of the EFMI STC 2010 „Seamless Care – Safe Care: The Challenges of Interoperability and Patient Safety in Health Care“ in Reykjavik, Iceland (together with WGs EHR and TRACE). Results are published at IOS Press SHTI Vol. 155.
- Organizational sponsor of the 7<sup>th</sup> Annual Conference of the ICMCC 2010 in London, UK (together with WG EHR and PPD). Results are published at IOS Press SHTI Vol. 156.
- Tutorial „eHealth Platforms for Personal Health: Architecture, Policies, Models, Security and Privacy Requirements and Solutions“ at ICMCC 2010.
- Organizational sponsor of the EFMI STC 2011 „E-salus trans confinias sine finibus e-Health Across Borders Without Boundaries“, in Laško, Slovenia (together with WGs EHR, HIIC and PCI). Results are published at IOS Press SHTI Vol. 165.
- Workshop at MIE 2011 in Oslo, Norway (together with WG EHR)
- WG Meeting at MIE 2011.

## EFMI WG TRACE

### Traceability of supply chains

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### Objectives:

Traceability is an important aspect of health informatics covering a large spectrum of challenges. Traceability requires to identify actors, objects and locations and to draw interactions between these elements, time and processes. Traceability covers the logistic of care: human resources, items, devices, drugs, locations; the care, care providers, patients, care activities, community networks; and the secondary usage of data, for billing, public health, clinical research and governance; amongst others.

#### Traceability

- builds the link of information between supply chains, care processes, outcomes and financial flows.
- faces important challenges, such as entities identification, authentication and serialization
- implies to track and trace physical entities and linking these entities to virtualized information flows.

The major benefits of traceability are

- improving efficiency and safety of care processes, including the supply chain of drugs, devices, etc.;
- improved secondary usage of data for outcome research;
- enables measures against counterfeited drugs and devices.

### Recent and Future Activities:

The WG is growing. Several works have been undertaken in collaboration with GS1, such as

- a series of conferences to raise awareness on the need to connect Supply Chain data and processes in the Health Informatics environment
- mapping the GS1 system with the HL7-RIM model
- launching a working group for the global identification of actors
- organisation of a Survey on IT support to the decision & supply chains
- co-organisation of the STC2010 conference with a focus traceability and a joint session between HL-7 and GS1
- preparing a round table on HL7 and GS1 interactions at STC2011
- participation to the „Convergence“ initiative at MIE2011