

Information on IMIA Regional Groups

APAMI

Asia Pacific Association for Medical Informatics

1 Membership of APAMI

To date, 15 medical informatics societies from Australia, China, Hong Kong, Japan, Korea, Malaysia, New Zealand, Indonesia, India, Philippines, Singapore, Taiwan, Thailand, Sri Lanka and Vietnam constitute the Asia Pacific Association for Medical Informatics.

2 APAMI GA Meeting

The last APAMI GA Meeting was held on 20th, August 2013 in Copenhagen, Denmark. Representatives from CMIA, HKSMI, HISA, IAMI, JAMI, KOSMI, PIKIN, PMIS, TMIA attended the meeting. The agreement for holding APAMI 2014 was officially signed between current President, Dr. Ying Wu and President-elect, representative from Indian Association for Medical Informatics, Dr. S B Gogia. Louise Schaper from HISA took up the position for APAMI Secretary for the remaining term of 2012-2014 due to resignation of previous secretary.

Members' Activities 2012-2013

China (by Dr. Ying Wu)

China Medical Informatics Association (CMIA) actively participated in academic events in the past year. Along with many activities, the first China National Nursing Informatics Conference (CNNIC) was jointly held with the 2nd Capital International Nursing Conference (CINC) from October 25th to 27th, 2013, in Beijing China. The theme of this convention was titled as "Translational Research, Evidence-based Practice, and Health Securing". The emphasis of CNNIC focuses on the utilization of information technology and its effectiveness in disseminating nursing knowledge and wisdom through nursing practice.

On October 25th, along with the opening ceremony for the 1st CNNIC and the 2nd CINC, the celebration of 20th anniversary for APAMI was initiated to recall the establishments and achievements that have been

made within APAMI over the past 20 years. In delivering the opening remarks, the current APAMI President Dr. Ying Wu stressed that it has been over 20 years since the resolution made for establishing APAMI at the IMIA's Board Meeting in October, 1993. Since then, with the devotion of founders and leaders, APAMI has grown to be the most authoritative, pragmatic, and forward-looking regional association in health informatics in the Asia Pacific region. She also addressed that, in recent years, China has accelerated its pace in the development of nursing informatics in the areas of mobile nursing care, clinical decision support systems, Tele-monitoring and chronic disease management, etc. During the ceremony, Minister Assistant of Ministry of Education Huiqing Lin, Deputy Director of Medical Affairs, Hospital Authority (HA) of National Health and Family Planning Commission (NHFPC) of the People's Republic of China, Dr. Jun Zhou, IMIA Vice-President and President-elect Dr. Hyeoun-Ae Park, CMIA President Dr. Shuqian Luo, President of Chinese Nursing Association Dr. Xiuhua Li, also delivered remarks about the future development of health and nursing informatics in China, and expressed their support and envision in the area of health informatics.

There were nearly five hundred people attended the conference. Distinguished guests and scholars from China, Indonesia, Japan, Korea, Taiwan, and the US, participated in this global convention.

In the plenary session after the opening ceremony, Qun Meng, the Director of Health Statistics and Information of NHFPC of the People's Republic of China, shared with attendees about the current implementation status and strategic plans of medical informatics in China based on the national health statistics collected by NHFPC. He emphasized that, the utilization of informatics technology should focus on fostering effective networking, resource sharing, benefiting citizens, and securing health in the light of health care reform in China. Implementation of mobile health, intelligent technology, and electronic health record and necessary health care reform surveillance nationwide are essential components to boost the pace of health care reform in China.

In responding to the initiation of nursing informatics development in China, a two-day workshop on skills in designing clinical nursing information systems was conducted as a preconference before the event. The purpose of this workshop is to promote involvement of nurses in developing pertinent computerized clinical information systems. There were a total of 42 bed-side nurses and nurse educators nationwide attended this workshop. High evaluation of the workshop has been received from the participants, and more advanced workshops will be offered in the future to satisfy their needs.

From November 28th to 29th, the 7th Exposition of China International Electronic Medical Records, M-Health, Medical Big Data was successfully held by CMIA in Beijing. The theme of the event focused on "technological innovations and development, improvement of the medical quality and service level". Experts and delegates around the world attended the event and shared with others about the innovative medical models, cutting-edge informatics technologies such as big data, cloud computing, mobile health, information security to promote informationization construction of health and raise the level of service. During the conference, the new CMIA executive board was formed, Yongqin Huang was re-elected as the Chair and Shuqian Luo continued to be the President for the next term.

From January 10th to 12th in 2014, the 7th China Cardiac Monitoring Technology Conference was held in Beijing. During the conference, the China Remote Cardiac Monitoring Alliance was inaugurated to promote the utilization of remote cardiac monitoring nationwide, to foster the exchange of innovative development in cardiac monitoring both domestically and globally, as well as to initiate the awareness of the preventive and clinical importance of cardiac monitoring among pertinent facilities nationwide. Thirty-one institutions, organizations, and hospitals nationwide joined the alliance and signed the agreement.

In order to resolve the increasingly precarious issues associated with aging in China, the National Development and Innovation Committee (NDIC) has launched a "National

Pilot Project of Smart Elderly Care Using Internet of Things". Five sites (elderly care facilities) nationwide will be selected to explore new elderly care models to improve quality of elder care nationally through governmental supports. Seven facilities have submitted their proposal to NDIC.

CMIA will continue to act proactively in promoting health care reform and embracing the transformation of digital health in China and Asia Pacific region.

Hong Kong (by CP Wong)

The Hong Kong Society of Medical Informatics is preparing for an official launching of a territory wide electronic health records sharing platform in December 2014. This is leveraging on the existing central repository of 9.6 million records interoperable in the public sector for 40 public hospitals and 120 public clinics. The new platform will facilitate bidirectional sharing between private and public health sectors. Most local data standardizations have been completed with an approach to merge or mapped to international standards.

Capacity building with expansion of educational courses in health informatics is underway. An elementary AMA 10x10 course, a post graduate diploma course and a master of health informatics course are active in different universities.

Hong Kong continues to participate actively in greater china Ehealth forums, APAMI events and HIMSS AsiaPac events.

India (by S B Gogia)

While the regular happenings at IAMI include continuing academic discussions at iami@yahoogroups.com which is open to all. Those interested but not yet members can write to iami-subscribe@yahoogroups.com as well as active participation and podium sharing at many meetings regularly held at the chapter, state as well as national levels. Notable other happenings in IAMI for the calendar year included the following:

- a) Our official journal—Indian Journal for Medical Informatics (IJMI) was rejuvenated and with regular and timely release of three issues in 2013. The wide range of articles included articles pertaining to public health, EHR, mHealth, sociotechnical models, sensors etc. The support by the authors,

readers and most importantly the reviewers has brought IJMI the kind acceptance of this journal into the Index Medicus for South East Asia Region, (IMSEAR) which allows us entry into the club of elite academic journals that are indexed in Pubmed in turn.

- b) IAMI had an online election for the incoming two year term. Nominations were called for and based on that voting was required only for the posts of President and secretary. These were ably conducted by the able election officer and senior IAMI member, Dr US Mahanobish who not only created the election software and donated space on his server, but did physical verification of genuineness of all the votes which depended on each voter sending a return confirmation string

Some key posts are as follows

- President : Sushil Kumar Meher
- Vice President : D Lavanian
- Secretary : R Prajeesh
- Joint Secy : Reserved (for organizer of next National conference)
- Treasurer : Naresh Y. V.

Special Posts:

- Chief Editor IJMI : Arin Basu (same as the previous term)
- Advisor: Sanjay Bedi (Immediate Past President)

Japan (by Michio Kimura)

JAMI (Japan Association for Medical Informatics) held the 33rd annual conference in Kobe on Nov. 21-23, participants were 2700, 400 papers were presented.

China-Japan-Korea Medical Informatics Conference was held on Nov.22 at the same venue. 15 participants came from China, Korea and Taiwan.

JAMI has been approving Health Informatics Technologists for 11 years. This year, another thousand were certified. Total certified technologists accumulates more than 10000.

JAMI advised the Ministry of Health concerning the use of national taxpayers number (MyNumber) for healthcare purposes. JAMI's answer was NO to it, and advised Ministry of Health to issue another unique number for healthcare records.

Ministry of health, bureau of health insurance started letting researchers use

anonymized reimbursement claim records. Applications for this database are evaluated in plan, purpose, facility, and feasibility. 15 out of 45 applications were approved. As reimbursement claim data do not include lab results, doctor's notes, main objectives of the applicants were research on health policies.

Korea (by Hyeoun-Ae Park)

As of December 31, 2013 there are 216 lifetime members, 220 active members, 69 student members, and 11 library members. In addition, there are 5580 online members including the above mentioned lifetime, active and student members.

The KOSMI organized two biannual conferences in June and November. The theme of Spring conference was 'Convergence of Genomics and Biomedical Informatics for Personalized Medicine' and 312 members attended the conference. At the closing ceremony, three papers were awarded as the best papers and one poster as the best poster. The editorial board members were recognized with a professional achievement award for their contribution to improving the quality of the Healthcare Informatics Research the official journal of the KOSMI. The Fall conference was jointly organized with the Korean Society of Bioinformatics with the conference theme 'Bio-Medical Informatics for Future Medicine'. In total 372 attended the conference. Two papers and one poster were awarded the best papers and the best poster. Hyeoun-Ae Park and Hune Cho were conferred the professional achievement awards for their contribution to making the KOSMI visible internationally.

The KOSMI also hosted the 3rd Annual Translational Bioinformatics Conference. It was attended by more than 250 participants internationally. In addition the KOSMI hosted two genome data analysis workshops in February and August with 143 and 154 participants respectively. Three different series of seminars on 'R for Bioinformatics and Biomedicine' were held in March, May and December with 50 participants each time.

Four issues of the Healthcare Informatics Research, the official journal of the KOSMI, were published in 2013 with 10 articles in the first issue, 11 articles in the second issue, 11 articles in the third issue and 13 articles in the fourth issue.

Philippines (by Alvin Marcelo)

The Philippine Department of Health released an administrative order on eHealth standards and interoperability. This has become a reference document for the Philippine Medical Informatics Society. As such, the PMIS is planning to create activities around bringing greater understanding of the community on what these standards are and their role in interoperability.

To a large part, the DOH Enterprise Architecture (<http://aehin.hingx.org/Share/Details/992>) has begun to take traction and would be the rallying point for technology solutions in the country.

AeHIN

The Asia eHealth Information Network (www.aehin.org), initiated by the World Health Organization, has offered several capacity-building programs around health informatics namely in the field of eHealth strategy development, and enterprise architecture development. One of AeHIN's goals is to allow various informatics societies and associations to be able to interact and collaborate with each other.

Sri Lanka (by Vajira Dissanayake)

Health Informatics Society of Sri Lanka (HISL) celebrated its 15th Anniversary on 15 November 2013. HISL continues to be a strong force behind the MSc in Biomedical Informatics programme of the

Postgraduate Institute of Medicine, University of Colombo which has so far produced 3 batches of graduates numbering over 75. Three graduates are now posted as Health Informaticians in various institutions coming under the Ministry of Health, Sri Lanka this contributing to strengthening eHealth in Sri Lanka. A significant milestone in 2013 was the establishment of the National Free and Open Source Health Software Foundation of Sri Lanka with the participation of HISL. This is perhaps the first such organisation in the world. The organisation would work towards promoting and facilitating the adoption of free and open source software in the field of health in Sri Lanka.

Thailand (by Boonchai Kijsanayotin)

In 2013, TMI organized a mid-year academic forum and the annual conference at the end of the year. The mid-year "Hospital CIO Forum" was the invitation only venue arranged for the CIOs of hospitals and health organizations held on 5 July 2013 in Bangkok. Ninety five CIOs attended the forum. The Second National Conference on Medical Informatics and The Annual Meeting of the Thai Medical Informatics Association held on 27-29 November 2013 was one of our successful conference with 519 participants. The conference theme was "Strengthening the Future of Thai Health Informatics through Experience and Best Practices". This is the first time that we have

representatives from neighbor country medical informatics association/society, one from Malaysian Health Informatics Association (MHIA) and one from The Association for Medical and Bio-Informatics, Singapore (AMBIS) coming to our conference. They joined TMI representatives in the opening plenary session on "Health Informatics in ASEAN Economic Community Countries: Current Status".

TMI also provided several training programs which aim to strengthening Thailand health informatics human capacity. We provide training workshop on "Analyses of computerized hospital data", "Medical record coding using ICD 10" and "The Introduction of health informatics for IT personnel" for TMI members, health and IT professionals.

TMI's Biomedical and Health Informatics Education Special Interest Group (TMI-BHI-ED-SIG) is currently working with universities in Thailand to expand formal post graduate health informatics degree training program. The ICD-10 Special Interesting Group (ICD10 SIG) has been working with hospitals to strengthening ICD-10 human capacity by providing basic, intermediate and advance ICD 10 coding workshops.

APAMI Web Site

<http://www.apami.org>

Regional Editor: Dr. Ying Wu

Helina**Report on IMIA's African Region****I HELINA 2013 Conference – Evidence based Informatics for eHealth in Africa**

The 8th Health Informatics in Africa Conference – HELINA 2013 took place in Eldoret, Kenya, 7-8 October 2013. The conference was preceded by a workshop on standards and interoperability and a brainstorming session on HELINA's strategy. The conference was organized by HELINA and the Kenya Health Informatics Association (KeHIA) in a very tight four months' timeframe. It was under the patronage of the county Government of Usain Gishu under the auspice of the national Ministry of Health.

Communication

Advocacy communication about the HELINA conference started in earnest in early 2013 as soon as a decision was made between KeHIA and HELINA leadership that KeHIA would host the HELINA meeting. Advertisement was done through professional and social networks like the OpenMRS community, IMIA, KeHIA and HELINA, as well as other established local and international networks. Official invitations were made to the main partners of the conference as well as the local country host Government officials at national and county levels. A secretariat set up to handle planning and other administrative/operational activities was responsible for coordinating this activity.

Conference Participants

About 90 people attended the meeting drawn from different categories of institutions, namely: 12 from government bodies (such as the Ministry of Health in Kenya), 1 from a Health Informatics Network (HISP), 37 from various non-governmental organizations, 3 from Private Companies, 2 from UN Agencies (WHO & UNECA) and 26 from various universities and institutions of higher learning. 5 participants did not register their institutional affiliations. These participants represented 19 different countries of residence, with the majority (38) coming from the host country (Kenya) while the rest were from Bangladesh (1), Belgium (2), Burundi (1), Cameroon (1), Egypt (5), Ethiopia (1), Finland (1), Germany (2), Ghana (1), Malawi

(2), Nigeria (1), Norway (2), South Africa (9), Spain (2), Sweden (1), Switzerland (1), UK (1) and USA (3). Some participants did not indicate which countries they were coming from. Unfortunately some 4 participants from Mali were unable to join the meeting because of delay in obtaining their VISA clearance. A few other participants were unable to travel to the meeting for various reasons despite having registered. Presenters from Mali did not get visas in time, a couple of presenters from USA could not travel because of the unstable government situation, some had to cancel because of not being able to raise the funding, and some others decided not to cancel because of the last terrorist attack in Nairobi.

Scientific Program

The scientific program committee was chaired by Mikko Korpela from Finland and Dalenca Pottas from South Africa. Despite the short notice to authors, a total of 59 submissions were received out of which 17 full papers (29%) and 33 research-in-progress / practical case presentations were accepted. The contributors came from 13 African and 9 other countries. Further to these, two keynote presentations were made. The first made by Dr. Ghislain Kouematchoua who focused his talk on the HELINA strategic plan, and the second by Dr. Esther Ogara – Head of eHealth at the Kenyan Ministry of Health - who presented the development and implementation of the Kenyan eHealth strategy.

According to the presentation of Ghislain Kouematchoua, HELINA has identified following strategic objectives to be achieved by 2020:

- To play a key role in the development, localization and adoption of health informatics standards that are required by member countries.
- To build and utilize HELINA's relationship with the World Health Organisation through participation in specific activities that are relevant to HELINA member countries, e.g. participation in work on standards such as SDMX-HD, IHE, HL7.
- To establish a Pan-African representation with international standards developing organizations, in particular with ISO TC 215 and HL7.
- To establish working groups to focus on specific challenging areas in the African

health system: implementation of standards for data exchange and interoperability; and research and education.

- To provide links to global expertise via national health informatics societies in order to assist member countries with the formulation of eHealth strategies and policies and gain recognition from African governments as a valuable organization to which their national health informatics societies are connected.
- To improve the status of national health informatics societies through implementation partnerships with the public and private sector.
- To form partnerships with organisations such as GSMA in order to focus on key issues such as standards for mobile health implementations.
- To build capacity not only through university degrees but through short courses for people already in the workforce.
- To collaborate with higher education institutions in order to develop accredited health informatics training programs.
- To build health informatics research capacity in Africa, especially focusing on: implementation and impact studies to build guidelines for best practice; and telemedicine in order to address the challenge presented by the scarcity of health professionals in the region.
- To demonstrate research outputs through publication of HELINA conference proceedings and through establishment of a permanent journal for African health informatics.
- To provide a platform for the connection of academics in order to share knowledge.
- To establish the necessary structure and governance to run HELINA as an effective organisation.
- To position HELINA for funding opportunities by addressing the post-MDG agenda and by partnering with organizations such as OpenMRS.
- To increase the number of member countries by 40%.

These objectives can be grouped into six strategic priority areas:

- Relationship with global organisations and formation of partnerships to address key challenges.

- Development, localization and adoption of health informatics standards relevant to member countries.
- Health informatics education and capacity building.
- Research, collaboration and knowledge dissemination and sharing.
- HELINA membership, leadership structure, governance and funding.
- Promotion and marketing of HELINA and national member societies.

Sponsors

- IMIA financially helped to bring three speakers at the conference
- OpenMRS financial support for breakout rooms at the venue, this was cost shared with HELINA
- Africa Build signed a teaming agreement with HELINA. HELINA provided Africa Build with publicity and venue and stationery for a dedicated AB session for 40 participants at the conference.
- Koenig.eHealth Innovation for Development has provided the Conference Website, the submission platform and the international secretariat for the conference, and has published the conference proceedings.
- I-Tech sponsored the application to host OpenMRS in Kenya, this opened the window to partner with KEHIA to co-host the conference HELINA.
- University of Nairobi, Moi University, Maseno University provided student volunteers who help with administrative work before and during the conference.

Acknowledgements, and awards

- The late Dr. Sedick Isaacs, founding President of HELINA, was posthumously conferred the position of Honorary Fellow of the Pan African Health Informatics Association (HELINA). This was done in recognition of his vision and leadership, and outstanding contributions to the establishment and development of HELINA. The certificate was accepted by his wife Mrs. Maraldea Isaacs
- Mikko Korpela was also recognized for his dedicated and outstanding commitment to HELINA. He received a Honorary Fellow of HELINA.

Main new openings:

- HELINA conferences will from now on be organized **annually**.

- Open access **Journal of Health Informatics in Africa (JHIA)** – www.jhia-online.org.

JHIA is the first official Journal of HELINA. It is bilingual (English and French), published by Koenig-eHealth Innovation for Development. The first editor-in-chiefs are Mikko Korpela and Dalenca Pottas. JHIA will initially publish two issues per year, one consisting of the proceedings of the conference and the other open for submissions. The initial pool of reviewers was drawn from among the 44 international experts who reviewed for HELINA 2013.

- HELINA launched three working groups: **WG Standards and Interoperability** aims at producing continental health informatics standards adapted to African requirement, starting from the WHO's SDMX-HD schema for a common Health Indicator Reporting Protocol. This WG is led by Vincent Shaw of HISP SA and Frank Verbeke of Belgium/Burundi. **WG Education** aims at gathering the institutions and individuals providing or planning for Health Informatics education in various forms in Africa, to coordinate the efforts, provide peer support and develop continental model curricula and materials repository (Creative Commons type of licensing). An IMIA HELINA accreditation

process can be a longer term goal. The WG is currently chaired by Ghislain Kouematchoua and Retha de la Harpe until the WG will be formally established.

WG Data mining and Big data analytics currently chaired by Georges Nguefack-Tsague of the University of Yaounde 1 in Cameroon.

- HELINA and its members, i.e. National Health Informatics Societies in Africa are very "resource restricted" to the extreme. Board members are using private income to run the activities; some others may be able to use their university time. It was recommended that events on the national level be organized with HELINA-level support e.g. around m-health or national e-health strategies, together with sponsors, to increase national and continental visibility and raise funding for the backbone activities.

II Development of Health Informatics Research and Education in Africa

In 2011 HELINA received a grant of the Rockefeller Foundation for the development of health informatics research and education in Africa. This work has been done by an expert from Mali. The result is currently only in French (see www.helina-online.org).

III HELINA 2014

The ninth Health Informatics in Africa Conference – HELINA 2014 will take place in Accra, Ghana from the 11th to 15th of October 2014. The conference is co-organized by HELINA and Ghana Health Informatics Association (GHIA). The theme of this conference is "Informatics for Universal Health Coverage in Africa: From Point of Care Systems to National Strategies". A focus will also be given to consolidate our existing working groups – WG Education, WG Standards and Interoperability, WG Data Mining and Big Data Analytics – as well as initiating, building, and consolidating networks among participants from different African states.

See the detailed conference information on <http://conf.helina-online.org/index.php/2014/index/>

I would like to thank HELINA 2013 LOC and SPC for their contributions.

Regional Editor

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IMIA-LAC

The Latin-American and Caribbean Federation of Health Informatics

Federación Regional de Informática de la Salud para América Latina y el Caribe

The region of Latin-American Countries (LAC) is engaged in two main meeting activities internationally: Infolac, which will be taking place in Montevideo, Uruguay, October 16th-17th 2014, and Medinfo 2015, August 19th-23th 2015, in Sao Paulo, Brazil. In addition, IMIA-LAC continues to focus on regional efforts to recruit new members and to build relationships with EFMI, AMIA, & PAHO.

In **Ecuador**, a national project on Electronic Medical Record has been supported by the Ministry of Health and first results are ex-

pected to be published by the end of this year. As part of this project a small association of mainly private companies and universities is planning to consolidate efforts.

In **Colombia**, new legislation to incentivize the use of the electronic medical record for public and private healthcare associations has been passed. IMIA-LAC colleges were deeply involved in advising policy makers on this topic.

In **Bolivia**, a national Telemedicine project has been kicked off. Of special interest is that this project integrates the so called traditional with modern medicine. IMIA-Lac members are collaborating to implement the first pilot projects and initial reports suggest a very successful implementation so far with simple and effective tools.

In **Peru**, a national requirement for public institutions to define the standards for an

electronic medical record has our colleagues participating in round tables.

Uruguay is still leading the initiatives for the implementation of standards in the region. Uruguay will also host the INFOLAC 2014 congress.

Brazil has started regional activities to invite IMIA LAC countries to participate at Medinfo 2015. SBIS is inviting sponsorships in part to reduce fees to permit regional and international participants to attend. A local Scientific Committee will be integrated.

In **Argentina** Hospital Italiano organized its Symposium on Medical Informatics in 2014. IMIA LAC is thankful for the important support from the organizing committee to bring some of the regional representatives to the meeting. AAIM invites its membership to send papers to Infolac.

In Santiago de **Chile**, the Symposium on Nursing Informatics and Telecare took place in November 2013. A large group of our colleagues from IMIA-Lac participated at the conference.

In Central America, new projects in **Nicaragua, El Salvador, Costa Rica, and Panama** developing new healthcare facilities at the public sector have required that academic and entrepreneurial organizations join to discuss how they can integrate regional experiences on Electronic Medical Record and Tele Health.

In **Mexico**, the National Digital Strategy incorporates the eHealth main working activities proposed by the WHO. Together with national projects at the most important healthcare institutions, this initiative will represent a significant improvement of the Healthcare System reshaped by the Internet. AMIM is looking forward together with the National Chamber on ICT to become involved in the

programs and to provide its member with new research and business opportunities. During 2014, we organized various seminars on HL7 and the deployment of international standards at the healthcare sector.

On September 29th, 2014 AMIM will be hosting the IMIA meeting of the HRB WG lead by Amnon Shabo and William Yasnoff, the President and CEO, of the Health Record Banking Alliance, in Guadalajara, Mexico (at the WCIT 2014 conference www.wcit2014.org). The conference is organized by WITSA, the Mexican Chamber of ICT (CANIETI), and AMIM. In the program a full day of MI is planned under the title „ICT for Global Health“ and IMIA leaders are expected to participate. A workshop on ISO TC251 conducted by Walter Suarez (Kaiser Permanente) with interesting discussion panels is also planned. At one of the panels Fadi Chehade from ICANN will explain the implications of the new ‘.health’ domain.

Nursing informatics remained active at IMIA-LAC. In 2014, new governance policies were defined and strategic planning for 2014-15 conducted. Nursing’s new mission is to develop an improved environment for Nursing Informatics through experience and technology transfer. Research conducted included a study on “Basic skills on ICT for Nursing Professionals”. Ten online conferences for approximately 500 nurses were conducted and organized by Niurka Vialart (Cuba) y Ángel Sanguino (Venezuela).

As evidenced by the large number of activities conducted or ongoing, IMIA-LAC remains focused on advancing informatics in the region with numerous success.

Regional Editor

Dr. Carola Hullin Lucay Cossio

IMIA-LAC President

<http://www.imia-lac.net/>

North American Medical Informatics (NAMI)

Health Informatics in Canada

COACH: Canada’s Health Informatics Association

COACH: Canada’s Health Informatics Association is the voice of health informatics (HI) in Canada, promoting the adoption, practice and professionalism of HI. COACH represents a diverse community of accomplished, influential professionals who work passionately to make a difference in advancing healthcare through IT. HI is the intersection of clinical, IM/IT and management practices to achieve better health. Now in its 39th year as the national association for HI, COACH continues to develop significant, exciting initiatives to provide leadership in the evolution of HI as a profession in Canada and fully realize the vision of taking HI mainstream.

Professionalism

COACH targets the growth and responsible development of Health Informatics Professionalism (HIP®) on several fronts. This is particularly important in light of the labour and skills shortages and associated challenges

identified in the *Health Informatics and Health Information Management Human Resources Report* (November 2009), which COACH spearheaded. This important landmark study, being updated in 2014, provided 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 was projected that the country would require 19% to 38% more people as a result of growth and replacement staffing needs by 2014. Additionally, a need to broaden the skills of between 39% and 78% of HI and HIM employees over that period was also identified.

Key HIP® Initiatives

- **HIP® Core Competencies 3.0***

This copyrighted COACH document, along with the 10 Ethical Principles in it, are the cornerstones of the HIP® program. The 50 core competencies – knowledge, skills and capabilities – which HI professionals need to perform effectively in a wide range of practice settings are outlined. The HIP® Competency Framework is a key component and foundation of COACH’s entire professionalism program. This diagram illustrates 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. The 3.0 edition was released in November 2012 after the document was updated to reflect advances in e-Health and the practice of HI and the other HIP® products have been updated accordingly.

- **CPHIMS-CA**

This first and only professional credential for Canadian HI professionals is available through a partnership between COACH and the Healthcare Information and Management Systems Society (HIMSS). It is awarded to candidates who meet the education and experience criteria and successfully complete both the CPHIMS Exam and Canadian Supplemental (CA) Exam. Exam candidates can turn to a growing library of study and review materials including COACH’s CA Review Course and *Canadian Health Informatics Review and Reference Guide*, updated and published as a new edition in 2013.

- **HIP® Career Matrix***

The first and recently updated illustration of the full spectrum of career possibilities in Canadian HI, the matrix captures the breadth, depth and diversity of the pro-

fession, featuring 65 jobs in seven competency areas over five levels of mastery.

- **HIP® Role Profiles**

This unique resource provides high-level outlines for the job titles on the 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 in the new 2013 edition.

- **HIP® Career Navigator**

New in 2013, this web tool is designed to help professionals visualize the skills and competencies they need to advance towards the next step in their careers by providing interactive access to *Core Competencies 3.0*, *Role Profiles* and the Career Matrix. (Note: Available only to COACH members.)

- **HI Education in Canada Report***

As part of COACH's commitment to supporting post-secondary HI programs and ensuring the necessary core competencies are integrated into their curriculum, it published *Health Informatics Education in Canada: Landscape of an Emerging Academic Discipline in 2013*. A collaboration with Canada's HI programs, from diploma to the PhD level, it sheds light on the scope of program elements and differences in programs and begins to describe potential influences on HI professional development and identify.

- **Canadian Health Informatics Awards**

COACH and ITAC Health co-host this program, offering a growing number of personal, project and company-based awards. Recipients are recognized at the annual CHIA Gala, which has a new home at the e-Health Conference in 2014.

- **Other Resources**

Additional HIP® initiatives include *HI Human Resources Guidelines – Recruitment*, a practical toolkit designed specifically for the profession; the Health Informatics Training System (HITS), an online, entry-level, self-study course available in Canada through a COACH partnership with Frontline Informatics; and HIP@work and HIP@school efforts, including the development of more career tools.

* *Complimentary copies of the starred resources can be downloaded from www.coachorg.com.*

Forums

CHIEF: Canada's Health Informatics Executive Forum

CHIEF provides an interactive, trusted environment enabling senior executives and industry leaders to collaborate, exchange best practices, address professional and development needs, and strives to be influential in setting the agenda for the effective use of information management to improve health and healthcare in Canada.

CCF: COACH Clinician Forum

This forum, launched in 2013, is a vital, multi-disciplinary, professional community supporting clinician engagement in HI, providing opportunities for clinicians to dialogue on emerging topics and providing valuable clinical input into the mission of COACH. CCF members help organize the annual Clinician Symposium at the annual e-Health Conference, featuring a rich array of speakers and topical issues.

CTF: Canadian Telehealth Forum

COACH is the voice for telehealth and the Canadian telehealth community and promotes and supports the integration of telehealth and electronic health record (EHR) capabilities through the education, networking and professional development services of CTF. This is based on the vision of telehealth and HI professionals playing critical roles in transforming the healthcare system and providing care at a distance, to meet growing patient demands.

eHIP: Emerging Health Informatics Professionals Forum

This forum supports professionals in the first five years of their HI careers by providing exposure to industry leaders, networking and résumé-building opportunities and career development tools. The related LinkedIn Group, COACH Emerging Professionals in Health Informatics, is a thriving social media resource.

Practices

eSafety

Today's e-Health solutions ensure healthcare providers have accurate, up-to-date information for making treatment decisions and are increasingly important to improve patient

safety. At the same time, health software implementations are inherently more complex and can inadvertently introduce patient safety risks. COACH is leading collaborative work with other related organizations to bring leading practices, guidelines, education and information to the forefront with the goal of protecting patients against harm throughout the development, implementation and use of e-Health systems. The first key result was the *2013 e-Health Safety Guidelines* addressing principles and useful practices to help public and private sector organizations bring safer e-Health solutions and health software to use across the healthcare system. By grounding accountability, safety culture, risk management, human factors engineering, incident response and reporting and safety case evidence and declarations, in internationally accepted HI standards and aligning with other patient safety practices, these Guidelines provide a means to enhance our confidence and trust in HIT.

e-Health Adoption and Maturity

There is growing interest in the common Canadian Electronic Medical Records Adoption and Maturity Model, published in COACH's related White Paper. COACH collaborated with key provincial jurisdictions on the model, which is key to measuring the growing use and clinical value of EMR capabilities in physician practices across provincial health jurisdictions. This model is valuable in assessing uptake and use of EMRs, identifying improvements in healthcare and the healthcare system from advanced levels of EMR use, as well as providing evidence to support future investments. Further use of this model is expected in other jurisdictions that are in earlier stages of adoption and measurement. The 2013 document, available on request, builds on the COACH 2011 e-Health Adoption White Paper.

Privacy & Security and the Protection of Health Information

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 first authored in 1989, fully 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 confiden-

tiality resource for the HI community across Canada and indeed is considered useful in the international HI community. It is the up-to-date reference textbook for healthcare privacy, security and confidentiality. The 2013 edition covers emerging privacy and security issues such as social media, hybrid records and telehealth, and includes a new section on First Nations OCAPTTM principles. The Guidelines provide a “best practices” approach beyond legislation which links 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 special editions of the Guidelines focusing on specific subject areas or audiences. *The Putting It into Practice Special Edition*, assisting healthcare providers in the complex decision-making around setting up an EMR in a community setting, was updated in accordance with the changes in the Main Edition. Watch for the updated *Patient Portals Special Edition* and release of the new *Access Audits for EHRs Special Edition*.

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.

Conferences and Events

The annual e-Health Conference, presented in conjunction with Canada Health Infoway (Infoway) and the Canadian Institute for Health Information, is one of COACH's most successful programs. The largest Canadian education, trade show and networking event for IM, IT, clinicians, telehealth and other healthcare professionals, e-Health 2013 attracted more than 1,500. e-Health

2014 will take place in Vancouver, BC June 1-4, 2014. The conference covers the breadth of e-Health: information, solutions, implementations, technology, innovations, impact and more and provides more than 85 hours of education.

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 and interoperability in Canada and worldwide. This includes contributing to the ISO/TC215 work on safe health software. COACH supported the Expert Task Force, under the auspices of the Canada Health Infoway Standards Collaborative, which provided Canadian input to this important work. The ISO initiative identifies a standards-based framework and is now published as ISO/TR 17791. 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 the ISO Technical Committee 215 on Health Informatics (ISO/TC215), Health Level 7 (HL7), International Health Terminology (IHT) and DICOM.

Growth

COACH is expanding continually, increasing services and engagement for all members and increasing the value of professional practices, forums and networking for new leaders and all professionals in HI. The organization operates with a most capable management team, led by CEO Don Newsham. Linda Miller, Executive Director, CHIEF: Canada's Health Informatics Executive Forum, leads targeted programs for CIOs and senior HI executives. Grant Gillis, Executive Director, Forums and Practices, provides leadership for the telehealth and clinician forums and privacy and security and eSafety professional practice products.

The strong association management firm of Base Consulting and Management Inc.,

including Shannon Bott, Executive Director, Operations, supports COACH. The entire team is fully focused on advancing HI practices, professional-ism and adoption 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
 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
 Information Technology Association of Canada (ITAC Health)
itac.ca/activities/itac-health/
 Healthcare Information and Management Systems Society (HIMSS)
www.himss.org
 HISA
www.hisa.org.au
Contact information
 COACH: Canada's Health Informatics Association
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 Toronto, Ontario Canada M2J 4V6
 Phone +1 416 494 9324
 Toll free (in Canada) 1 888 253 8554
 Fax +1 416 495 8723
 E-mail info@coachorg.com
www.coachorg.com

Find us on Facebook.

Follow us on Twitter (COACH_HI)

LinkedIn Groups:

1. CPHIMS-CA
2. COACH Emerging Professionals in Health Informatics
3. CHIEF: Canadas Health Informatics Executive Forum (Members Only)

Biomedical and Health Informatics Activities in the United States

AMIA – Informatics Professionals. Leading the Way.

AMIA aims to lead the way in transforming healthcare through trusted science, education, and the practice of informatics. AMIA connects a broad community of professionals and students interested in informatics. AMIA is the bridge for knowledge and collaboration across a continuum, from basic and applied research to the consumer and public health arenas.

AMIA's program and services are centered on core purposes to:

- Advance the science of informatics
- Promote the education of informatics
- Assure that health information technology is used most effectively to promote health and healthcare
- Advance the profession of informatics
- Provide services for our members and our professional community.

Advancing the Science of Informatics *iHealth Conference*

In January, AMIA hosted the inaugural *iHealth* conference in Orlando, Florida. Co-hosted by Academy Health and over a dozen other sponsors and supporters, the meeting drew 200 clinicians and healthcare executives with the vision to see that applied informatics is the change we've been seeking for a system that scatters information in inaccessible places, costs too much, and keeps patients and clinicians in the dark. Over two and a half days, attendees covered case studies where results are real and measurable. One of the key comments coming from the meeting was that content was grounded in science, but went far beyond theory to incorporate the real-world experiences and expectations of clinicians.

The meeting began with a CMIO/CNIO pre-conference workshop that considered questions critical to the field and included defining the highest priorities for clinical informatics in care delivery over the next five years, tackling the challenges of informatics solution implementation and interoperability,

and outlining the workforce development needs of healthcare delivery systems.

World class speakers shared their insights into tackling the tough questions and finding the right answers. Mark McClellan keynoted the first day of the meeting, sharing his report to President Obama on Propelling Innovation in Drug Discovery, Development, and Evaluation.

For the first time, all four previous National Coordinators for the Office of the National Coordinator for Health Information Technology appeared on one panel and discussed government investments in HIT and how workforce training has shifted. A highlight of the meeting included dialogue attendees shared with these four leaders—David Blumenthal, David Brailer, Robert Kolodner, and Farzad Mostashari.

The conference closed with an inspirational panel session featuring some of the most accomplished nurse executives in the U.S.—Judy Murphy, Marilyn Chow, Jane Englebright, Ann Hendrich, and Kathleen Sanford. Focused on the transformation that each is achieving in their own organizations, the session featured personal insights on overcoming HIT challenges. Attendees were captivated by advice about what needs to change in healthcare delivery systems in order to achieve nationwide efforts to implement and use HIT for electronic exchange of health information.

The *iHealth* Program Planning Team led by Kevin Johnson and Patricia Dykes, spearheaded the interdisciplinary thinking, innovation and implementation that drove this year's conference's program.

To see more about *iHealth*, visit www.ihealthconference.org

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 (TBI) and clinical research informatics (CRI) communities. In 2014, the Scientific Program Committee emphasized cutting edge and late breaking developments and expanded the content to feature the latest bioinformatics research at the dynamic interface of biomedical research and patient care.

The Joint Summits, held in San Francisco California in April, continued its co-location

and an overlapping "bridge day" program—ming which enabled the translational bioinformatics and clinical research informatics communities to discuss the cross-disciplinary nature of their research fields.

Led by Joshua Denny and Rachel Richesson, the program offered exciting and informative panels and attracted 500 individuals. Novel additions to the program helped facilitate the dissemination of ideas among established researchers, and to train the next generation of informatics scholars.

To see more about the Summits, visit www.amia.org/jointsummits2014

Annual Symposium

AMIA holds the premier informatics forum in the U.S. annually in the field of informatics. 2013 provided a wide range of opportunities for education and discussion on important research and practices that advance the profession and improve healthcare. Led by John Holmes, the meeting built on successful innovations from the past. AMIA 2013 included variety in content and presentation types: 91 papers, 24 student papers, 65 abstracts presented at the podium, 326 posters, 36 panels, six President's Picks sessions, five state-of-the-practice presentations, six systems demonstrations, 13 tutorials, and five working group pre-symposium programs.

Continuing our commitment to mentoring the next generation of informatics professionals, the Student Design Challenge featured teams of graduate students from different scientific disciplines and of various backgrounds to propose creative solutions to a specified problem related to healthcare. A panel of distinguished members of the AMIA community reviewed the proposed solutions and selected the best proposals based on a number of criteria, including their originality and transformative potential. 2014 will once again offer the challenge.

The 2014 Annual Symposium is November 15-19 in Washington, DC. We hope you will join us! www.amia.org/amia2014

JAMIA

In early 2014, Lucila Ohno-Machado and the JAMIA Editorial Board published a special issue on big data in healthcare and biome-

dical research. In addition to its bi-monthly publication, JAMIA publishes online issues periodically to better serve the needs of authors, members and readers. The AMIA Board also published two papers in JAMIA.

Health data use, stewardship, and governance: ongoing gaps and challenges: a report from AMIA's 2012 Health Policy Meeting. J Am Med Inform Assoc doi:10.1136/amiajnl-2013-002117

Enhancing patient safety and quality of care by improving the usability of electronic health record systems: recommendations from AMIA. J Am Med Inform Assoc 2013;20:e2-e8 doi:10.1136/amiajnl-2012-001458

Messages from AMIA continue to be featured in each issue of JAMIA. This special section provides a forum for AMIA to inform and involve its current and potential members about the goals and the directions of the association. These messages, which reflect the directions and opinions of AMIA leaders, are intended to inspire members and readers to connect with the association on strategic objectives and activities.

To see all the Messages, visit www.amia.org/messages-from-amia

Promote the Education of Informatics 10x10 Programs

Workforce education and development continues to remain critical to the future of the biomedical and health informatics profession and the transformation of the healthcare system. AMIA's goal of training 10,000 healthcare professionals in applied health and medical informatics continues with our 10x10 program. Participants are exposed to a set of concepts that enable them to serve as champions in their local hospitals, outpatient offices and clinics, and other healthcare settings to use relevant informatics views in their health information technology projects.

Introducing i10x10

AMIA now offers an internationally-focused variation of the successful 10x10 program called i10x10. Courses qualifying for the i10x10 program should be endorsed by a local or regional IMIA member society. Global partners interested in offering courses and learning more about i10x10 should contact AMIA (no application fee is required for submission of a proposal).

To see more about 10x10, visit www.amia.org/education/10x10-courses

AMIA Knowledge Center

Unveiled in 2013, the AMIA Knowledge Center is an informatics-specific collection of enduring content. The Knowledge Center is an archive of conference proceedings including the Annual Symposium, Summit on Translational Bioinformatics, Summit on Clinical Research Informatics, iHealth, NI2012, and Annual Policy Conference. Proceedings volumes include papers, posters, panels and other types of peer-reviewed, state-of-the-art scientific and technical work published by AMIA as a volume at the time of the conference. The Proceedings also includes a PDF of the conference on-site program when available.

The Knowledge Center is also a gateway to conference multimedia including presentation slides, posters, video and audio as well as a collection of webinars produced by AMIA and its Working Groups

To see more about the Knowledge Center, visit knowledge.amia.org

Advancing the Profession of Informatics New Clinical Informatics Subspecialty and First Class of Diplomates Signal Pivot in Healthcare Delivery

The first-ever diplomates in the subspecialty of clinical informatics received notice in late 2013 of their board certification, a development that will contribute to the major systemic overhaul that is underway in healthcare delivery in the U.S.

AMIA spearheaded the new clinical informatics subspecialty, working for more than five years to define and help create the discipline with the goal of advancing the field and the role of informaticians in improving healthcare. The creation of the new subspecialty helps standardize clinical informatics training programs, increase the number of training opportunities available, and provide an immediately recognized credential for organizations hiring informaticians.

The board exam was administered in October through the American Board of Preventive Medicine (ABPM), and offered to pathologists through the American Board of Pathology (ABP). The subspecialty was

approved by the American Board of Medical Specialties (ABMS) in 2011.

AMIA congratulates the 455 new subspecialists. For the complete list of new clinical informatics subspecialists and 2014 educational offerings, visit www.amia.org/clinical-informatics-board-review-course

Advanced Interprofessional Informatics Certification Task Force Work Continues

The AMIA Board of Directors working with the Academic Forum and other informatics leaders, continues to develop plans in the alternate pathway for certification of clinical and public health informatics professionals. From the beginning, AMIA recognized this critical need for clinical informatics professionals (nurses, dentists, pharmacists, computer scientists, etc.) as well as non-U.S. physicians and U.S. physicians who are not ABMS-certified, to have an equivalent pathway to CI certification. AMIA will continue to update its members and the community of developments as they become available.

Health Policy Meeting

AMIA convened the eighth invitational health policy meeting "Patient-Centered Care, Collaboration, Communication and Coordination" in December. Led by Patricia Brennan, the meeting focused on developing recommendations and furthering a national understanding of how the future state of health, wellness, and care will increasingly include the active participation of patients, families, and caregivers through data use, re-use, stewardship and governance in the delivery and management of patient-centered care; and to address the informatics-related challenges posed by the sharing and management of both clinician- and patient-generated health data. The program committee is preparing a publication of the meeting expected to be available in mid-2014.

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 exceeding 400 in number within AMIA, with its own bylaws and regulations that guide the organization, its activities, and its relationship with AMIA.

ACMI hosts an annual Winter Symposium. In early 2014, ACMI focused the meeting on “What Makes us Special? The Genotype and Phenotype of Informatics through the Lens of Personalized Medicine”

The symposium focused on the role of biomedical informatics and its role in personalized healthcare. Led by Elmer Bernstam, the program included ample time for reflections and discussion by the entire group. Key recommendations from the meeting are currently being prepared.

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-three working 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.

Industry Partners

AMIA plays a unique and powerful role in healthcare, academia, and product research and development. As the primary convener of some of the most influential informatics meetings in the healthcare industry, our corporate members engage directly with established and emerging leaders in informatics. Through the Industry Advisory Council (IAC), corporate members serve as counsel to and as an influential feedback channel for board initiated collaborations and investigations. Active participants in the IAC have played a vital role in advancing public policy while deepening their reach in the informatics community.

Academic Forum

The Academic 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 nearly 60 programs to discuss national research initiatives in informatics and its roundtable addresses objectives for education and research by facilitating collaboration across academic units.

Participants focus on a range of issues important to faculty such as management,

promotion criteria, recruitment, models of success in building informatics programs, salary scales, and advocacy within academic environments. Forum members plan their annual meetings and participate in task forces that address important educational and certification/accreditation issues that are related to the clinical informatics developments.

AMIA Leadership

AMIA is overseen by a Board of Directors, all of whom are highly respected informatics leaders. Supported by dozens of committees, the Board guides AMIA's policies and strategic objectives. In 2014, our Board leadership transitioned to Blackford Middleton who serves a two-year term as Chair.

For more information

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Facebook: American Medical Informatics Association