

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 AGM of the APAMI

The last AGM of the APAMI was held on 24th October 2012 in Beijing. The new executive committee was formed for the term of 2012-2014. Dr. Ying WU, the representative from CMIA, took up the APAMI president position, CP Wong from HKSMI was re-elected as treasurer, and David Rowlands from HISA was elected as secretary.

At the AGM, we had application for APAMI 2014 Conference from IAMI only. Unanimously, Dehli was selected for the venue of APAMI 2014, hosted by IAMI.

3 APAMI Conference 2012

The 7th APAMI Conference was held in Beijing on 24-25th October 2012, hosted by CMIA. It consisted of 5 sub-sessions focusing on “Mobile and Telemedicine”, “Electronic Medical Record”, “Intelligence Analysis and Image Processing”, “Nursing Informatics”, and “Standards and Education for Medical Informatics”. Distinguished experts, guests, and delegates from IMIA and various regional associations attended the event, including AMBIS, HISA, IAMI, JAMI, KOSMI, TMI, TAMI. Its success promoted and strengthened the information sharing between APAMI member societies and other IMIA regions, and fostered the cooperation opportunities globally.

Members' Activities 2011-2012

China (from Dr. Ying Wu)

China remained active in medical informatics development. The Ministry of Health in China has formulated the 2011-2015 Strategic

Plan of Health Informatization. The goal is to establish a standardized and efficient health information system. It will be based on the construction of personal health record (PHR), electronic medical records and telemedicine system to facilitate the standardization of health information, as well as the construction of health information platform and a wholly integrated database.

In the year of 2012 to 2013, China Medical Informatics Association (CMIA) has been continuously engaged in actions of fostering the digital hospital transformation in China. As the only representative of China within IMIA, CMIA has been leading the development and promotion of academics and practice of medical informatics in China. To respond to the call from the Ministry of Health in China, the “China Remote Cardiac Monitoring Alliance” will be inaugurated within CMIA. Currently, the procedure for launching the coalition is in progress. It will coordinate with research institutions, universities, and industrial enterprises nationwide. Its aim is to actively promote the standardization of remote cardiac monitoring, specialization and distribution of the workforce, and downstream development of industrial chain, through strengthening the theoretical bases of remote cardiac monitoring, policy exploration, regulation implementations, standard developments, technological innovations, and industrial self-regulations. Therefore, it hopes to create a remote cardiac monitoring vital force in the health care field in China.

The remote ECG monitoring and health management system, which was initialized in 2005, now has covered a population of 200,000, and produced more than one million cases of ECG monitoring. This system consisted of remote ECG terminal, ECG monitoring work station, and the China Remote ECG Monitoring Center. Through utilization of wireless communication network and the support of “China Remote ECG and Blood Pressure Monitoring network system” set up by International Emergency Assistance of the Ministry of Health and “Cardiac Remote Monitoring

Center” authorized by the Chinese Society of Pacing and Electrophysiology, Chinese Medical Association, it provides primary health care institutes and residents in suburban and rural areas with cardiovascular disease screening and health management services. It coordinates with doctors in the clinical settings and over a dozen of distinguished doctors in cardiovascular diseases to provide 24/7 remote ECG monitoring and health management services for pertinent patients. This system has been implemented in over 1,000 community based health care settings in various regions and brought magnificent benefits to patients. It provides remote ECG diagnosis and early warning services, promotes the construction of primary health care setting in the rural and remote (underserved) area. It supplements the lack of cardiac specialists in these regions, improves the efficiency in diagnosing of the cardiovascular diseases, and increases opportunities for advanced consultation, and therefore reduces the mortality and morbidity rate caused by cardiovascular diseases, as well as the medical cost. This system is envisioned to be completely implemented in the community-based settings in the rural area nationwide in five years.

On Oct. 24 to 25th, 2012, the 7th Asia Pacific Association for Medical Informatics conference was successfully held in Beijing, hosted by CMIA. During the 7th APAMI conference, the new CMIA-Professional Committee for Nursing Informatics (CMIA-PCNI) was inaugurated and new executive board was formed. Four international experts in nursing informatics including Peter Murray from United Kingdom, Dr. Hyeoun-ae Park from Korea, Dr. Carola Hullin from Chile, and Dr. Polun Chang from Taiwan, were invited to be the advisory board member for the committee. Dr. Ying Wu was elected as the Chair of the CMIA-PCNI board, and five nationally distinguished experts were elected as the Vice Chairs; new Secretary General and Vice Secretary General were also elected. A total of 50 professional committee members were included in the committee. This

newly formed team will further promote the development of nursing informatics in education and training, academic research, and clinical practice in China.

The APAMI General Assembly was also held in Beijing, the new executive committee was formed for the term of 2012-2014. Dr. Ying Wu, as the representative of CMIA, took up the APAMI president position, CP Wong from HKSMI was re-elected as treasurer, and David Rowlands from HISA was elected as secretary.

IAMI bid for APAMI 2014 was also approved during the meeting.

IMIA board meeting and GA meeting were also successfully held in Beijing along with the 7th APAMI 2012. Site selection for Medinfo 2017 was done during this IMIA GA meeting, and CMIA won the bid. It will be the second time to host such well-known event in China after 1989.

Hong Kong (from Dr CP Wong)

The Hong Kong Society of Medical Informatics continues to promote actively the eHealth development in Hong Kong. In the year 2012-13, tremendous progress has been made in the local territory-wide data standardization, and the legal/privacy framework for the proposed National Electronic Health Records Sharing Platform for Hong Kong scheduled to be rolled out in December 2014. This is going to unite our strong data-rich public health sector Electronic Patient Records repository which currently holds 9.6 million persons' records for 20 years since 1992, to be merged with the private sector electronic patient records (although the private sector only constitutes less than 15% of the market share).

There is also active revamping of the present Computerized Clinical Management System which was a home-grown software used by 40 public hospitals and 120 public clinics for 20 years, from a client-server architecture to a 100% web-based Service Oriented Architecture. The conversion has been progressed to 70% and will be completed by early 2014. Further development with an ambition to push Bar-coded medical administration system to all hospitals is in place. Live run will be rolled out in April 2013 in one hospital, and scheduled to be rolled out to all hospitals within 5 years.

India (from Dr S B Gogia)

IAMI started 2012 with a change of guard following a smoothly run election. The following are the fresh key office bearers

- Dr Sanjay Bedi President
- Dr Supten Sarbhadhikari Vice President
- Mr Sushil Meher Secretary
- Dr S K Dey Biswas Treasurer
- Dr Arin Basu Editor IJMI

The year started with IAMI's 8th Biennial conference on 4th and 5th February 2012 which was held at AIIMS, New Delhi. For the first time ever in IAMI's history, there were over 300 delegates and over 100 paper submissions. Awards were given for the best paper as well as poster. There was high number of student delegates. The pre-conference workshop on the 3rd of February had sessions on EHR implementation as well as Medical Education. While our regular Biennial meeting for 2013 is planned at the year end in Mangalore, we also have a Mid term meeting at IIT Kharagpur on March 29th – 31st. IAMI was involved as key partner in 10 other meetings besides smaller sessions held by chapters in Bangalore, Pune as well as Delhi.

IAMI's official journal – Indian Journal of Medical Informatics (IJMI) restarted its activities after a short gap and change in the editorial board. The 2012 issue was devoted to Short communications vetted from the submissions at NCMI 2012. We also now have a very active pool of National and International reviewers who have now made the 2013 volume issue 1 ready for release. We welcome articles for our journal from IMIA members. The journal website is ijmi.org. IAMI's online activities continued with a slight change. Our online forum was officially changed to iami@yahoogroups.com to accommodate interest openly. It has 988 members far beyond the over 600 members of the organization. There were a total of 1455 mailsexchanged in 2012 in this group. Besides these, IAMI also has regional discussion groups which belong to the state chapters e.g. hit_form@googlegroups.com for Delhi and biomedinfo@yahoogroups.com for Bangalore. These regular discussions were interspersed with topic of the month discussions which in 2012 included:

- Pill Boxes (i.e. Patient reminder devices)
- (Online usage for..) Journals
- Healthcare IT in India: present and future

- Software for Nurses
- Disaster zones and Healthcare IT
- Continuing Medical Education (Through IT)
- Medical Informatics and Rural India
- Information for patients
- Document Management and processes (Jan 2013)
- Health Portals (Feb 2013)

We thank Dr Sridhar for leading and moderating the above topic of the month sessions. We openly welcome IMIA members as well as others who have interest in Healthcare Informatics to freely subscribe to this discussion group and be richer from the wide range of our academic activities. Please write to iami-subscribe@yahoogroups.com or personally to drsanjaybedi@gmail.com to join the group.

Our website –www.iami.org.in has been revamped and allows many more facilities to our members including a live telephonic helpline. IAMI's members continued to be key representatives and decision makers in various forums. These include Dr Supten Sarbhadhikari is currently the Director, Centre for Health Informatics and the Project Director for the National Health Portal of India. The EMR Interoperability Standards Committee has recommended an initial set which will be announced by Ministry of Health, Govt of India in March 2013. Dr Supten, Dr S B Bhattacharyya, Dr B S Bedi, Dr Indrajit Bhattacharyya, Dr Karanvir and Dr Thanga Prabhu from IAMI are part of the 15 member committee. Dr S B Gogia and Dr SB Bhattacharyya are vetting various Standards for Healthcare Informatics being adopted in India by Bureau of Indian Standards (BIS). IAMI (IAMI Academy of Healthcare Informatics) has been revived with Dr Senthil Nachimuthu as its head. The academy will provide online courses some of the modules are already up and being tested. Mr A.U.Jai Ganesh, vice chair of IMIA Working Group on Health and Medical Informatics Education is involved in preparing an online survey on the various formats of health informatics training programmes and capacity building initiatives in eHealth being conducted worldwide. Dr S B Gogia and Mr Sushil Meher continue to work as chairperson and member respectively with the IMIA Telehealth Working Group. IAMI has been selected to host APAMI 2014 which will be held on October 31st (workshop),

November 1st and 2nd 2014 in New Delhi and we hope to welcome all of you.

Singapore (from Dr Angela Jean)

I would like to thank the Executive Committee of 2011/2012 for all their hard work and excellent job well done during the year. In the past year, we had aspired to keep the AMBIS branding at the tip of the mouth amongst the medical and bioinformatics community and this resulted in unexpected responses not only from Singapore, but from our overseas counterparts as well. In 2011, AMBIS had been contacted twice to host delegates from China and Brazil; namely delegates from the China Association for Medical Device Industry and the Brazilian Trade Promotion Board. While the meetings were exploratory in nature, they were essential in keeping AMBIS visible in the global community. Despite attracting responses from other parts of the world, AMBIS has always been supportive of events being held in Singapore. In the past year, AMBIS was the supporting organization for the 3rd Annual Electronic Health Records in Singapore, which was held from 29 November 2011 to 2 December 2011 as well as the 5th Annual BioPharma Asia Convention 2012, which was also held in Singapore from 19 March 2012 to 22 March 2012.

AMBIS holds a strong belief in contributing to the community knowledge base. While the Annual Lecture Series has always been a draw

to members of the medical and bioinformatics community, 2012 saw the inaugural launch of the AMBIS Biomedical Symposium which aspires to coverage a greater range of topics that are current and important to practitioners, vendors and students alike. Held at the National University of Singapore on 25 May 2012, it attracted over 50 delegates from various hospitals, the industries as well as the research and academic arena. It is with wholeheartedness that I thank the team for putting in tremendous amounts of effort and being selfless with their time amidst their busy schedules. Besides activities organized by the Executive Committee, the AMBIS Student Council that was established in 2010 has also been active in the bioinformatics community. In 2011 and 2012, the Student Council had been roped in to support the bid for ISCB-Asia in Malaysia and Bangkok respectively. While these are small steps in having the Student Council recognized, they are important steps to having the student members recognized for their contributions to both the local and global community.

Last but not least, I would like to thank Tan Yue Ying, Treasurer of the Executive Committee for 2010/2011 for staying on in the committee and assisting the Treasurer of the Executive Committee for 2011/2012. Despite having stepped down in 2011/2012, she had continued to assist the incoming team and had done an excellent job in helping keep our finances in check. It had been

a great experience working with the team of 2011/2012. They have indeed set a high precedence for the incoming team to match up to and I would like to thank the team once again for all their contributions. I wish the incoming Executive Committee all the best in their future endeavours and look forward to being part of the team again.

Japan (by Prof. Michio Kimura)

JAMI had another successful national conference in Nov 2012 at Niigata, where 2500 attended. In 2013, the 33th of this conference will be held at Kobe, in November, where China-Japan-Korea conference will also be held. Japan's Ministry is now investigating pros and cons of having healthcare ID for citizens. By this, cross-enterprise exchange of healthcare information will become dramatically easier. Japan's Ministry is now relaxing regulations for use of health reimbursement claim data. 7 projects were approved to use the anonymized claim data.

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APAMI Web Site

<http://www.apami.org>

Helina

Report on IMIA's African Region

HELINA has collaborated with some national societies on projects related to health informatics research and education. The board has also contributed to efforts made by people interested in the development of health informatics national societies. A task force for the HELINA Strategic Plan has been created. Task force members are: Rosemary Foster, Lyn Hanmer, Christopher Seebregts, Cheick Oumar Bakayoko, Amadou Koita and Ghislain Kouematchoua Tchuitcheu. They will provide a final version of the Strategic Plan at the next HELINA Conference to be held from October 8 to 9, 2013 in Eldoret Kenya.

Special Thanks

Before starting with information collected from members societies I would like to express my deepest gratitude to the family of HELINA founding President Dr. Sedick Isaacs who passed away on October 18th, 2012 at the age of 72. Sedick has strongly contributed to the development of health informatics in his home country South Africa, in Africa and abroad. His work has been highly acknowledged in many African countries and the IMIA general assembly awarded him "IMIA Honorary fellowship".

Acknowledgement

I would like to thank Rosemary Foster, Julius Awakame and Innocent Nanan for the contribution to the report below.

CAMEROON

National Health Informatics Association

The Cameroonian Society for Health Informatics –SOCIM – was founded in 2007.

Country Ownership and Legislation

In general, health informatics in the country is not well organized. As early as the 1980's health informatics was used by the Faculty of Medicine, the Polytechnic High school and a small number of hospitals. eHealth-components are now implemented in some private and public healthcare institutions.

Although the Ministry of Public Health has recognised eHealth as a priority and has created a National Technical Committee for Telemedicine, eHealth initiatives are largely dispersed and led by the Ministry of Posts

and Telecommunications. A presidential decree for electronic archiving (including telemedicine) exists but no laws specific to health informatics are available.

There is lack of proper sensitization of the population (including decision makers, medical personnel) regarding eHealth.

eHealth Foundations

Good connectivity is available in some places via a fibre-optic network. However access to this is hindered by lack of funding to procure ICT infrastructure and the unequal distribution of connectivity.

eHealth Implementations

Some private initiatives have reported successful telemedicine implementation. The NGO Koegni-eHealth Innovation for Development based – www.koegni-ehealth.org – has reported the successful implementation of e-health solutions (electronic patient record, clinical information system and telemedicine) in two rural district hospitals and one urban university hospital in Cameroon. The initiative is deployed in collaboration with the Cameroon Diaspora Network-Germany and the Cameroonian Society for Health Informatics. The Network for Telemedicine in French-speaking Africa (RAFT) and Inter-hospital cooperation between Switzerland have also reported the successful implementation of a tele-psychiatric project in Cameroon.

Capacity Building

The Cameroonian Society for Health Informatics recognises the importance of training and sensitising all stakeholders (medical personnel, Information technology specialists and students) regarding eHealth. This led to an adaptation of the medicine curriculum at the University of Yaounde 1. The University of Yaounde 1 is also planning to launch a Master Program in Health Informatics at the University of Yaounde 1. This program will be hosted by the Faculty of Medicine and lectures will be given in blended learning in order to facilitate the involvement of lecturers living abroad. Further to these SOCIM is involved in the Africa Build project which aims to foster research capacity in Africa, and is collaborating with Koegni-eHealth and RAFT - Réseau en Afrique Francophone pour la Télémédecine - in different eLearning-activities provided in Cameroon in the area of Medicine and Health Informatics.

GHANA

National Health Informatics Association

The Ghana Health Informatics Association has been formed but is not yet active. There are plans for inauguration later in 2013, using seed funding from the Rockefeller Foundation for such activities. At this stage, the number of potential members is unknown.

Country Ownership and Legislation

The country has had a national eHealth policy since 2003. More recently, Ghana's eHealth Strategy was developed with the support of the Rockefeller Foundation and launched in 2011. In 2009 the Ministry of Health also developed the Ghana Health Service (GHS) Enterprise Architecture. This comprehensive 162-page document includes a detailed roadmap for implementation of the future state architecture. Despite this, there has been little activity from the Ministry of Health in the last year although some IT personnel from the Ministry were sent abroad for training in telemedicine. Laws on for the protection of patient data exist but there is no backing from the government for putting the necessary systems in place.

eHealth Foundations

The Enterprise Architecture documented that there was limited Wide Area Network infrastructure providing connectivity and that there were plans to expand this infrastructure to the districts to connect all sites and offices. Ghana has laid a fibre-optic network all across the country connecting the various districts in preparation for the eGhana agenda. The district hospitals have not yet been able to take advantage of this as they do not have the necessary ICT infrastructure in place. However hospitals are being forced to upgrade their ICT facilities as the National Health Insurance Authority requires claims by providers for re-imbursment to be submitted electronically.

Recent reports indicate that mobile penetration in Ghana has now exceeded 100%. This, together with the arrival of mobile money, has set the stage for the development of mHealth services by private companies such as diabetes and hypertension screening and remote management on a fee-per-service basis. Telephone companies maintain private fibre-optic networks.

Lack of electricity is a challenge for connectivity.

eHealth Implementations

The Ghana Health Service, in collaboration with the Grameen Foundation, has developed mobile health application to support Maternal and Child Health called Mobile Technology for Community Health (MOTECHE). Two interrelated mobile health services have been piloted: the "Mobile Midwife" application and the "Nurses' Application" which helps nurses and community health workers to record and track the care delivered to women and newborns in their area. The pilot is reported to have been successful. There are plans to roll out the program to further districts and regions.

The Millennium Villages Project is the only other health provider that is engaged in any serious eHealth activity on a large scale. They have implemented OpenMRS and are actively engaged in telemedicine. They are also expanding the use of other open source mobile applications such as Childcount+ in Ghana.

The GHS has been actively rolling out the District Health Information System (DHIS2) throughout the various regions of Ghana. It is estimated over 70% of all districts in Ghana have been covered. It is expected that rollout will be completed by the end of 2013.

Software companies are developing hospital management systems and in some hospitals patient registration is computerised. Most hospitals use both conventional and electronic data forms.

Capacity Building

The West African Health Informatics Fellowship Program (WAHIFP) was formed over two years ago with the objective of building capacity for eHealth in West Africa, starting with Ghana. (Website: www.wahifp.org) It has held its first conference on mHealth in Accra and continues to reach out to other organisations in Ghana and West Africa. The global health informatics community has been very supportive of these activities and there are plans to align the activities of WAHIFP with the objectives of the West African Health Organisation. WAHIFP was recently invited to a high level conference on Promoting Africa-EU Research Infrastructures Partnerships (PAERIP). Discussions have also been held with the Ghana College of Physicians and Surgeons

on developing health informatics programs for clinicians. It continues to engage other stakeholders and plans to develop joint programs with the Ghana Health Informatics Association.

IVORY COAST

National Health Informatics Association

The Ivorian Society of Biosciences and Health Informatics founded on the 15th of December 2007.

Country Ownership and Legislation

The country has no laws or policies specific to eHealth. In 2011 a workshop was held on the institutionalization of eHealth in 2011 with the intention of establishing a national platform.

In practice, there is no law governing ehealth. The ICT Ministry is now working on cyber-criminality law.

ehealth Foundations

The national fibre-optic network, currently being rolled out, will cover all regions of the country. There is good connectivity managed by private companies.

eHealth Implementations

In 2012 both Ministry in charge of ICT and Health worked in connection with SIBIM to analyse the best way to develop and implement ehealth in Côte d'Ivoire. It was decided to equip some care center's with informatics and ehealth architecture for a pilot ehealth project. At the request of the SIBIM, a telemedicine center is currently under construction at the CHU of Yopougon by the National Agency for Telecommunications (ATCI).

SIBIM is now working closely with the National Program against Buruli Ulcer on a mHealth project.

Capacity Building

There is no training available in health informatics but we are looking for opportunities in this field.

KENYA

National Health Informatics Association

The Kenya Health Informatics Association

Country Ownership and Legislation

Since 2006 Kenya has made progress putting in place an ICT policy framework and implementation strategy. There is an eHealth

Intersectoral Group under the Ministry of Health. In 2011 Kenya launched its national e-Health Strategy 2011-2017. There is a website for eHealth which is well funded.

eHealth Foundations

The Kenyan Ministry of Health is represented at ISO TC 215 where Kenya is the only African country to have "P" membership and may vote on standards. The Ministry uses an electronic database to manage and track the nursing workforce. There are many vertical programs creating their own program-specific databases which are not integrated with the national HIS.

Kenya has over 6150 health care facilities in 254 districts. In 2011 approximately 23% of these had neither computers nor internet services available to their health staff. The majority of districts reported that fewer than half of their facilities had uninterrupted access to electricity.

Network strengthening activities have been initiated in Kenya in support of mHealth and other applications development.

eHealth Implementations

Electronic health records have been successfully implemented in several HIV clinics to manage patient care. In addition, mobile devices (PDAs) have been used successfully in Kenya for the collection of health data. Kenya's HMIS systems have historically supported epidemiological data, explaining the lack of other subsystems of a comprehensive HMIS, such as drugs, lab services, logistics, finance, and human resources.

Capacity Building

The Regional East African Center for Health Informatics has regularly organized training session in Health Informatics in Kenya.

MALI

National Health Informatics Association

The Mali Society of Biomedical and Health Information

Country Ownership and Legislation

The government has a general agency for ICTs which has a department within each ministry. The ICT department in the Ministry of Health was created following a decree and it controls all health ICT issues. An eHealth centre, managing eHealth, was established through the initiatives of stakeholders from government and civil

society. A government agency with a budget for eHealth is identified by stakeholders as essential for progress.

eHealth Foundations

Not all regions in the country have access to connectivity and this is aggravated by limited energy resources for electricity. In many instances alternative sources of energy, such as car batteries and solar panels, are used to supply basic electricity requirements.

eHealth Implementations

Telemedicine was introduced in the country in 2000 and has demonstrated considerable success.

Capacity Building

The use of the WINMAX software for online courses is being investigated as it can work in low connectivity settings.

NIGERIA

National Health Informatics Association

Association for Health Informatics of Nigeria

Country Ownership and Legislation

According to the progress report of the WHO Global Observatory for eHealth, between 2000 and 2005 Nigeria took actions to promote an enabling environment for information and communication technologies (ICT) in the health sector and was likely to continue doing so. This included the following:

- A health sector reform programme, which addressed the need to deploy ICT in the health sector;
- A national plan for the development of ICT in health which was implemented in 2005; and
- The launch of eHealth as part of eGovernment.

Despite this evidence of plans to make eHealth a priority and a workshop held in 2010 to propose laws on eHealth, there are currently no laws in place specific to eHealth. Telemedicine is not managed by the Ministry of Health but by the Agency for Spatial Research.

eHealth Foundations

There is currently no integration of the multiple and wide variety of health information systems in the country. Most of Nigeria does not have the infrastructure for internet connectivity and ICT infrastructure in the health sector is largely perceived as inadequate. There is no fibre-optic network and most hospitals

have connectivity challenges. Limited energy resources (electricity shortage) further restrict the use of electronic applications.

eHealth Implementations

Health information systems are used extensively but implementation is vertical and fragmented. OpenMRS is used in Northern Nigeria to provide digitized medical records and DHIS is used in several provinces for routine data collection and reporting. The Federal Capital Territory eHealth Web Portal initiative includes patient data management. The National Malaria Control Programme is a vast project managed by the Ministry of Health. In its early stages, it links data on climate, temperature and disease patterns. Several privately funded telemedicine initiatives are also under way.

SOUTH AFRICA

National Health Informatics Association

The South African Health Informatics Association (SAHIA)

Country Ownership and Legislation

The directorate National Health Information Systems within the national Ministry of Health is responsible for co-ordinating eHealth activities within the public sector. The country is divided into nine provinces and

each province is responsible for the provision of connectivity, infrastructure and eHealth implementations within healthcare facilities. Although the country recently published their national eHealth Strategy 2012 – 2017, work on the implementation of this strategy has not yet started. While legislation exists to protect and archive information, there is no legislation specific to eHealth. There is a District Health Management Information System (DHMIS) policy.

eHealth Foundations

Government departments in the country are by the central NGN (next-generation network) put in place by the State Information Technology Agency (SITA). However, a large percentage of the approximately 4,000 public sector healthcare facilities in the country do not have adequate connectivity because of lack of co-ordination and planning, the cost of last-mile connectivity and infrastructure, and lack of basic resources like electricity. Although the Western Cape Province has a single unique identifier for all patients, the rest of the country has no patient master index.

eHealth Implementations

Although all provinces have implemented hospital or clinic information systems in their

facilities, the degree of success and extent of these implementations varies widely across provinces. A recent survey of patient-based systems in the public sector revealed that there are 42 different systems, ranging from single-site, stand-alone systems to centralised systems deployed at 200 sites. There is minimal interoperability between these different systems. There have been extensive mHealth and Telemedicine pilots in the country, with various degrees of success, scale and sustainability.

Capacity Building

There is no under-graduate training available in health informatics, although several universities offer opportunities in eHealth and Telemedicine for post-graduates. SAHIA takes an ongoing interest in capacity building and looks for opportunities to collaborate with higher education institutions. A workshop on capacity building is planned as part of the next Health Informatics South Africa conference in Port Elizabeth in June 2013.

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 America and Caribe has developed rapidly growing Health Informatics activities. All our countries are very busy implementing systems and strategies that help their nations to provide high quality of care leveraging Health Information Technology. The reality for our members is that an extremely high demand exists to bring informatics to their healthcare services, including the latest three member countries from the South of the continent (Bolivia, Peru and Chile)

Brazil is leading the way in providing standards for our discipline that can be used

as the driver to change paradigms and the practice of healthcare. It is the only country of our region that has declared HL7 and OpenEHR part of its standard framework for the technical solutions for delivering care. **Argentina's** informatics efforts are going strong leveraging specialized personal for implementing information systems at all level of care from usability centers to nursing systems using specific health terminology. In Argentina, several educational organizations are preparing the human resources needed to implement and maintain Health IT systems. **Chile** is very busy creating new activities for the HL7 chapter with their members; also there is an upcoming election for the new board, secretary, and treasurer. In Chile, IMIA accredited the first educational undergraduate program in the region. Others countries interested in obtaining IMIA validation of their programs

have expressed great demand to learn from the experience of the Chilean team that had been assembled by a professional institute. **Peru** is developing a legal framework to implement information communication technologies in their health services. Qualified personal at the government level have facilitated legalization of the Electronic Health Records at the national level. This historic step towards the integration of their systems is being achieved due to the perseverance and collaboration of the Peruvian colleagues. **Bolivia's** informatics organization since its origin has been working strongly in Telemedicine to their remote areas and has organized an ethics work group. Bolivia is working with several international entities to provide evidence of Medical informatics for their sector. The second congress of their association will be in June with a strong program

highly relevant to their members. *Uruguay* is our only member working towards a regional event this year: INFOLAC2014. Uruguay's informatics association will shortly present the planning proposals and invitations to all interested country and groups for this exciting event. *Mexico* has developed into a leader in the region for the production of videos and short seminars on implementing electronic health record and managing change in healthcare. There is a strong group of developers of health informatics solutions; one hotbed is the district of Guadalajara. *Cuba* celebrated

this year its biggest Medical Informatics congress. Several countries from the region submitted their work and shared their informatics experience with participants. At this congress, a new book of case studies of nursing informatics was released online as a collaboration effort of the regional group of nursing informatics of IMIA LAC and PAHO. *Venezuela* has been participating nationally in several educational events organized by its association and engaged positively with other member countries. And the most exciting event of our region in the last month was the launch of the

Colombian Association of Health Informatics *Acies@* with an event in Bogota. At the same time, we celebrated the 40th Birthday of the foundation *CardioInfantil*. This association has nearly 200 members, and was able to attract more than eight hundreds participants for the first congress of Health Informatics and Telehealth.

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MEAHI

Middle East Association for Health Informatics

MEAHI organized the fourth periodical biomedical & health informatics conference in the Middle East region, which took place on 22-24 April 2013, at Hotel Crown Plaza Deira, Dubai, UAE. The conference aimed to explore further the role of informatics in healthcare, and pragmatic informatics-driven approaches to enhance healthcare quality services based on regional needs and an inspired strategy: "Better Health Through Better Information". The theme of the fourth MEAHI conference was "Applied Health Informatics: A Regional Trend or A Priority". During a pre-conference day, and a 2-day conference, delegates from across the Middle East region working at strategic, managerial and operational levels in Governments, Academia, Industry, and NGOs in healthcare domain, heard from distinguished speakers from the region and around the world. The seven tracks in the 4th MEAHI 2013 conference were:

- From E-Health Policy to Practice
- Health Informatics Education & Research
- Public Health Informatics
- Clinical Informatics
- Nursing Informatics
- Health Informatics Systems Deployment
- Advances in Health Informatics

All the Call-for-Submissions, submission types, guidelines on preparation for the submissions, double-blind reviewing, evaluation, and scoring of the submissions adopted from MEDINFO2013 style. All submissions reviewed by two reviewers. At the end, we selected two tutorials on the pre-conference day (22 April 2013), and twenty eight presentations in total as keynote addresses, invited talks, panel, and papers concerning all the conference's seven tracks on conference days (23 and 24 April 2013). We had a privilege to work with an international advisory board, which consists of well-known leaders in the field of biomedical and health informatics. During the conference, we specially focused on the MEAHI-Nursing Informatics initiatives to be structured based on regional needs and current international trend.

In conjunction with the 4th MEAHI 2013 conference at the Hotel Crown Plaza Deira, Dubai, UAE, MEAHI was honored to host the IMIA board meeting for the first time in the history in the Middle East region on 21 April 2013. The other important event was the MEAHI General Assembly (GA), which held on 23 April 2013, while all registered delegates in the conference, as provisional MEAHI members, were allowed to attend in this meeting. During the MEAHI GA, the MEAHI founding president, presented the MEAHI development phases since 2002 (birth & grow up, maturity, social encounter), then proposed the fine-tuning on MEAHI Governance Hierarchy (function-

onal model - framework), which approved in principle by majority of votes. This fine-tuning emerged from a decade of experiences, the necessity for transparency of the MEAHI board roles, formative and summative assessments of the MEAHI executive board members' performance in order to make an agile organization based on lessons learned, and regional priorities. The MEAHI Governance Hierarchy, in descending order of authority, shall be MEAHI Supreme Council (MSC), MEAHI Board, and MEAHI Working Groups. According to this MEAHI Governance Hierarchy functional model, the MEAHI founding president, nominated and proposed to the MEAHI GA, the officers of the MEAHI Executive Board, which approved by majority of the votes as well. The next MEAHI GA will be held in 2014 in Kuwait city in conjunction with the MEAHI Special Topic Conference, which has a theme of "Interoperability and Standards in Biomedical and Healthcare Informatics". Furthermore, during the MEAHI board meeting on 24 April 2013, the details of the MEAHI Governance Hierarchy functional model presented by MEAHI founding president, then the MEAHI executive board members' roles and responsibilities discussed and approved by majority of the votes.

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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 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. Members are dedicated to realizing their full potential as professionals and advancing HI through access to information, talent, credentials, recognition, programs and a broad range of services and specialized resources. Now in its 38th 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 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 by 2014. Additionally, there will be a need to broaden the skills of between 39% and 78% of HI and HIM employees over those five years. The HIP® program is grounded in two cornerstones – *Health Informatics Professional*

Core Competencies, a copyrighted COACH document, and COACH's 10 Ethical Principles, an appendix in *Core Competencies*. The 50 core competencies – knowledge, skills and capabilities – which professionals in the multi-disciplinary HI field provide a commonly held level of expertise and knowledge that can be demonstrated through achievement of the CPHIMS-CA credential. Core Competencies was refreshed in 2011 to reflect emerging areas in e-Health; the HIP® products are being updated accordingly in 2013.

Other key elements of the program are the:

- HIP® Career Matrix, the first illustration of the full spectrum of career possibilities in Canadian HI;
- HIP® Competency Framework diagram, reflecting 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.

Here is a summary of key HIP® initiatives. Visit www.coachorg.com for details.

• 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. 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*.

• Recruitment Guidelines

The new *HI Human Resources Guidelines – Recruitment*, is a practical toolkit covering each step of recruiting, designed specifically for the profession.

• Interactive HIP® Career Matrix

This online resource links the Career Matrix with the HIP® Role Profiles to provide users with the main responsibilities, key competencies, qualifications and more

about each of the 65 job titles on the matrix. This information is vital to helping employers identify skill gaps and resource requirements and enlightening professionals about training and education to realize their career goals.

• HIP® Role Profiles

This unique resource provides high-level outlines for the 65 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.

• 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 professionals. COACH also works closely with colleges and universities to promote HI programs and ensure the necessary core competencies are integrated into curriculums.

As part of its commitment to advancing the profession, COACH 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.

COACH recognizes achievement and contribution in the HI community through the Canadian Health Informatics (CHIA) Awards. COACH and ITAC Health co-host the CHIA program, offering a growing number of personal, project and company-based awards.

Forums

CHIEF: Canada's Health Informatics Executive Forum

CHIEF provides an interactive, trusted environment enabling senior professionals 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.

CTF: Canadian Telehealth Forum

COACH advocates for telehealth and the Canadian telehealth community and promotes and supports the integration of telehealth and electronic health record EHR capabilities through CTF. This is based on the vision of telehealth and HI professionals playing critical roles in transforming the healthcare system to meet the growing demands on it.

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

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 solutions and software. The first key result of this focused work is a set of 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. The Guidelines are scheduled to be released in Spring 2013.

e-Health Adoption Model

Building on COACH's White Paper on e-Health Adoption, published in November 2011, COACH has collaborated with key provincial jurisdictions on documenting a common Canadian Electronic Medical Records adoption and maturity model. This model is key to measuring the growing use and clinical value of EMR capabilities in physician practices across a provincial health jurisdiction. This adoption model is valuable in assessing uptake and use of EMRs, assessing improvements in healthcare and the healthcare system, as well as providing evidence to support future investment. Further use of this common Canadian EMR adoption model is expected in other jurisdictions that are in earlier stages of adoption and measurement. Copies of this model will be available in early 2013.

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 special editions of the *Guidelines* focusing on specific subject areas or audiences. The *Privacy and Security for Patient Portals: 2012 Guidelines for the Protection of Health*

Information Special Edition responds to another important need. The previous special edition, *Putting it in Practice: Privacy and Security for Health Care Providers Implementing Electronic Medical Records (EMRs)*, was published in 2010.

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 2012 attracted more than 1,600. e-Health 2013: Accelerating Change will take place in Ottawa May 26 - 29, 2013. The conference covers the e-Health gamut: information, solutions, implementations, technology, innovations, impact and more. More than 85 hours of education are provided, built around the tracks of the Impacts of e-Health, Consumerization of e-Health and the Future of e-Health.

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, Ross Fraser, Kathryn Hannah, Elizabeth Keller, Dr. Marion Lyver, Michael Nusbaum and Derek Ritz 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 and increasing services to all members and increasing the focus on 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. Grant Gillis, Executive Director, Forums and Practices, provides leadership on telehealth and other upcoming forums and HI professional practice initiatives.

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 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
Healthcare Information and Management Systems Society (HIMSS)
www.himss.org
HISA
www.hisa.org.au

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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 is widely recognized nationally and internationally as the major U.S. based professional society for over 4,000 health care professionals, informatics researchers and thought-leaders in biomedicine, health care, and science. The rapid changes in health care have also made AMIA a growing source of programming in applied clinical informatics. AMIA's members – primarily in the U.S. with 10 percent international membership representing more 65 countries – belong to a dynamic informatics community where they actively share best practices and research for the advancement of the field and practical clinical application. 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.

AMIA New Direction, New Leadership

In March 2012 AMIA's Board of Directors hired Kevin Fickenscher, MD as President and Chief Executive Officer. Fickenscher has built upon the success of previous leaders in developing the association with his leadership skills that combine the professional knowledge of informatics with strong business skills and an understanding of the diverse healthcare and scientific environment. Fickenscher's first year has been focused on AMIA's critical role in serving as a leading voice in the effective use of information for increasing the quality, reducing the costs, enhancing the service capability of healthcare organizations as well as realizing value from the increased availability of health and biologic data.

After Fickenscher joined AMIA, he worked with the AMIA Board in conducting research under the direction of Association Management+Marketing Resources (AMMR), a consulting and research firm specifically focused on associations. The assessment included a member survey which sought to understand the views, interests, priorities, and perspectives of members and informatics professionals allied with AMIA.

Some themes and perspectives became clear as a result of the surveys and discussions with members, as listed below:

- AMIA members are excited about the role of informatics in the current health and biomedical environment.
- Our members want informatics to be a robust and thriving professional area for academics and researchers as well as for operationally focused individuals. They also want AMIA to take an active leadership role in representing and promoting the field across the entire spectrum of informaticians who are engaged in changing healthcare.
- AMIA members are committed to AMIA's mission of serving as the 'first stop for trusted knowledge' in biomedical informatics.
- Our members noted that we are in a dynamic environment, new stakeholders can benefit from the informatics expertise available through AMIA, and AMIA has the opportunity to inform informatics activities.
- AMIA members believe we must engage all relevant stakeholders as we consider future directions for informatics, including those leaders of the healthcare community who manage and organize healthcare services.
- Members appreciate the educational, professional development, networking, and other services that AMIA provides. In addition, they had several suggestions as to how AMIA could enhance these activities even further so they are of greater value.
- Members offered suggestions on how AMIA could be even more efficient, effective, and strong as an organization for the benefit of the informatics profession.

For greater explanation of the findings consult President's column: An AMIA Update – New Directions and New Opportunities. K. Fickenscher, *J Am Med Inform Assoc* 2013 20: 208-210 doi: 10.1136/ami-ajnl-2012-001515.

New Initiatives 2013

Clinical Informatics Subspecialty Certification Exam Preparation Program

In 2013, AMIA will introduce a Clinical Informatics Subspecialty Certification Exam

Preparation Program led by course director William Hersh, MD, FACP, FACMI. Hersh is well known in informatics circles as the Professor and Chair of the Department of Medical Informatics & Clinical Epidemiology, Oregon Health & Science University.

The program builds on the success of a multi-year initiative to elevate clinical informatics to an American Board of Medical Specialties (ABMS) subspecialty certified by an examination administered by the American Board of Preventive Medicine and available to physicians who have primary specialty certification through the ABMS. The Clinical Informatics Subspecialty Certification Exam will be held October 7 – 18, 2013 and is open to candidates of all 24 specialties.

Joining such subspecialties as pediatric anesthesiology, medical toxicology, sports medicine, geriatrics medicine, and cardiovascular disease, clinical informatics (CI) certification will be based on a rigorous set of core competencies, heavily influenced by publications on the subject that were developed by AMIA and its members, many of whom have pioneered the field and supported CI's new status as an ABMS-recognized area of clinical expertise. To prepare physicians who wish to sit for this examination, AMIA Clinical Informatics Subspecialty Certification Exam Preparation Course materials will be available both online and in three in-person courses offered in the late spring and summer of 2013.

The AMIA Academic Forum continues to develop an alternate pathway for certification of clinical and public health informatics professionals through its Advanced Interprofessional Informatics Certification (AIIC) Task Force. This is critical to the process since we recognize that other 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, need to have a pathway to CI certification. Further information on the Advanced Interprofessional Informatics Certification will be available at the AMIA 2013 Annual Symposium, in Washington, DC this November.

iHealth Conference

In the midst of rapid implementation of EHR systems and concentrated improvements in

the use of analytics and big data in healthcare settings, the importance of applied clinical informatics or operational informatics has grown by leaps and bounds. AMIA has always served informaticians and practitioners with applied clinical expertise and the interest in educational programming continues to grow.

In conjunction with AMIA's launch of Clinical Informatics Subspecialty Certification Exam Preparation Courses, AMIA is expanding its educational outreach through the launch of a new meeting focused on applied clinical informatics. The new meeting debut in January 2014 is called iHealth and builds on six themes:

- take INFORMATION
- about the INDIVIDUAL
- apply INFORMATICS
- create INTELLIGENCE
- drive INNOVATION
- IMPROVE health care

Co-hosting the meeting is AcademyHealth and AMDIS, ANIA and AAMI are organizational supporters. iHealth will serve clinical professionals actively engaged in applying informatics tools to enhance efficiency, reduce costs and increase quality.

iHealth is designed to appeal to decision makers, strategic planners, clinicians charged to understand the big picture and how to improve outcomes and lower costs; bottom-line analysts, managers and physician/nurse executives transforming the business and practice of healthcare delivery; financial executives who need to move the margins in ways that only operational informatics can influence; and CMIO/CNIOs seeking to deepen the informatics base feeding critical decision-making by the CMIO/CNIO teams. iHealth is an essential element in the Applied Clinical Informaticians' tool box and those leaders who want to make system investments that produce measureable results. We invite you to join us!

Program Highlights 2012

JAMIA

In 2012, Lucila Ohno-Machado and the JAMIA Editorial Board published an online issue on translational bioinformatics (June issue). In early 2013 a special focus issue on biomedical imaging informatics

was introduced. AMIA publishes online issues periodically to better serve the needs of authors, members and readers. These special issues are immediately open for full access by AMIA members and other JAMIA subscribers. Online First continues to be a popular JAMIA feature. Online First articles have been peer reviewed, accepted for publication, published online and indexed by PubMed. They have not yet been assigned to a journal issue, but the information is available as soon as practicable for JAMIA readers.

JAMIA Mobile access also launched in 2012, providing readers with full access to JAMIA content. Dr. Ohno-Machado continues to implement changes to disseminate JAMIA to a broader audience, to expand its contents and to streamline its management.

The AMIA Board also published three white papers in JAMIA.

The Future State of Clinical Data Capture and Documentation a Report from AMIA's 2011 Policy Meeting

J Am Med Inform Assoc 2013;20:1 134-140
Published Online First: 8 September 2012
doi:10.1136/amiainl-2012-001093

Definition of Biomedical Informatics and Specification of Core Competencies for Graduate Education in the Discipline

J Am Med Inform Assoc 2012;19:6 931-938
Published Online First: 8 June 2012
doi:10.1136/amiainl-2012-001053

AMIA's Code of Professional and Ethical Conduct

J Am Med Inform Assoc 2013;20:1 141-143
Published Online First: 25 June 2012
doi:10.1136/amiainl-2012-001035

Member Loyalty

All members, new and experienced, are valuable in the AMIA community. In 2012 AMIA launched a Member Loyalty program to recognize individuals who maintain their membership commitment and continue to represent the values of AMIA. The diversity of AMIA's multidisciplinary members makes the AMIA community special. In a world where knowledge expands exponentially through the use of informatics, AMIA welcomes and values members who continue to

- Sustain interest in the organization's mission
- Value networking with informatics professionals
- Pursue a professional life of learning and sharing information
- Apply knowledge to pose questions and solve problems
- Seek opportunities to lead and serve

Members are recognized with bronze, silver and gold pins denoting participation at the 10-, 20- and 30-year mark, as well as new members with terms less than 10 years. Longevity is determined based on 1990, the year AMIA emerged as a fully formed entity and began its membership program.

Annual Symposium

AMIA holds the premier informatics forum in the U.S. annually in the field of informatics. 2012 was a record breaking year with 2400 attendees and the added highlight of Chicago Informatics Week activities. In 2013, AMIA will host its 37th Annual Symposium, in Washington, D.C. which provides a wide range of opportunities for education and discussion on important research and practices that advance the profession and improve health care. AMIA 2013 will build on successful innovations from 2012 and launch offerings specifically tailored to the growing student member and meeting attendee group.

- Student design competition
- One-page podium abstracts enabling authors to submit work that might be for publication consideration a leading journal
- State of the practice in informatics presentations and tutorials
- AMIA's Working Group pre-symposia

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 2013, the Scientific Program Committee broadened the call for papers criteria introducing using keywords to classify submissions. Authors also had the option of submitting short papers or podium presentations, while maintaining

the ability to extend the work for follow-up publication in a peer reviewed journal.

The Joint Summits TBI-CRI, hosted March 18-22, 2013 in San Francisco, California benefit from 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.

- The 2013 TBI Summit delivered a scientific program comprising a set of tutorials, lectures, panels, and posters that showcase the latest advances in applying informatics to biomedical research and clinical care and had four tracks.
- The 2013 AMIA CRI Summit expanded on previous meetings with peer-reviewed presentations, panels, and posters, and invited speakers.

Health Policy Meeting

AMIA convened the seventh invitational health policy meeting "Health Data Use, Stewardship and Governance: Ongoing Gaps and Challenges" in Washington, DC in December 2012. At the meeting, 100+ participants considered data use, re-use, stewardship and governance that meet challenges posed by technology-enabled sources of health data, and reflects current health informatics evidence and practices.

The meeting developed and advanced a data management model that recognizes healthcare data as an organizational, enterprise-wide asset and resource. The meeting built on the prior work of AMIA, the Institute of Medicine (IOM) and others, especially in light of rapid changes being brought about by patient-centered medicine, performance and outcome measurement, and the growing adoption and use of EHRs. A report from the meeting and recommendations from breakout sessions is being prepared for publication. Plenary sessions covered Secondary Data Use SHARP Grant, EU Data Stewardship Framework, AHRQ Activities Overview, a proposal and reactor panel Dramatic Reform of National Policy to Support Secure Access to Person-level Data for Quality Life-Giving Research and Considerations for Data Stewardship and Governance.

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 has conferred more than 32,000 continuing education credits for more than 2000 10 x 10 participants since the program launched in 2005. 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.

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 2013, ACMI focused the meeting on “What should Informatics do to address the healthcare crisis?”

For the U.S., addressing the healthcare crisis has become a matter of economic and societal survival. The business model of biomedical informatics, the “engine of innovation for HIT,” is broken in many respects. Informatics is struggling for relevance in a landscape increasingly dominated by other players laying claim to “information.” Much of informatics research fails to achieve the end goal of affecting healthcare processes and outcomes in a positive and meaningful way. Successful cooperation and collaboration between informatics and industry on practical applications at the point of care is scarce. The informatics community is fragmented, unnecessarily competitive and without a common vision.

Participants considered conditions present in U.S. healthcare system: in part, suboptimal outcomes relative to investment; high variability of practice; health disparity and access issues; and unsustainably rising costs. 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-five 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.

In 2012 AMIA implemented and released our social/community web capabilities (see <http://communities.amia.org>), which is tied to our membership database and allows existing groups and committees to utilize modern methods for communication and document exchange. AMIA Communities support the spontaneous development of interest groups among members. For readers who may be AMIA members, be sure to visit the website.

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 pro-

grams 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.

Industry Partners

Corporate and organization partners and sponsors continue to strengthen AMIA’s influence in the field. Supporters of AMIA programs, the Symposium, the Joint Summits, and exhibitors provided new opportunities for members and collaborative efforts. AMIA welcomed 30+ corporate partners and more than 70 exhibitors in 2012. The Deloitte-AMIA Health Informatics Maturity Survey offered insight about the current status of health informatics in the U.S. health care industry.

The AMIA Industry Advisory Council (IAC) continues 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 2013, the IAC will build on 2012 efforts to inform and drive discussions on informatics issues, such as: Advancement of the Secondary Uses of Health Data, (privacy and security, and data quality; Personalized Medicine (genetic based research and decision support models); Human Factors and Usability (CDS and DSS optimization, and clinical documentation and workflow).

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 53 programs to discuss national research initiatives in informatics and its roundtable addresses objectives for education and research by facilitating collaboration across academic units. Membership includes 36 full members, 14 emerging programs, and 3 Affiliate members.

The Forum has grown rapidly in membership, partly in response to the formalization of its rules of governance and the assumption of leadership roles by elected members. Forum members have assumed responsibility for planning their annual meetings and have established task forces that are addressing important educational and certification/

accreditation issues that are related to the clinical informatics developments.

One of the major activities of the Forum has been the work to develop a consensus definition of biomedical informatics and to specify and endorse the core competencies for graduate-level training programs. These core competencies provide informatics training programs with a national framework for curriculum design so that every student attains the skills necessary to acquire professional perspectives; to analyze problems; to produce solutions; to implement, evaluate and innovate; and to work collaboratively (see <http://www.amia.org/biomedical-informatics-core-competencies>)

The Forum was instrumental in the development of the AMIA Board White Paper: Definition of Biomedical Informatics and Specification of Core Competencies for Graduate Education in the Discipline. *J Am Med Inform Assoc* 2012;19:931–938. doi:10.1136/amiajnl-2012-001053.

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NI2012: Advancing Global Health Through Informatics

The response from participants at the Nursing Informatics Congress was truly overwhelming. We heard it in the halls, from groups and one-on-one discussions. Meeting attendees were so pleased with the NI2012 experience — “Best meeting ever!” “Never been to one like it!” “Amazing sessions!” “Fantastic!” Perhaps most important comment of all — “Great learning and networking with people from around the world.”

This past June, nearly 600 attendees joined the IMIA Nursing Informatics Special Interest Group (IMIA-NI SIG) at the triennial gathering in Montreal, Canada. The Congress is the premier activity of the IMIA-NI SIG and AMIA was honored to co-host the meeting with nearly a dozen nursing informatics professional organizations. The meeting was organized and led by a stellar group of individuals in the international nursing informatics community. A special round of applause goes to our committee leadership—Heimar Marin, past chair of the IMIA-NI SIG, Patricia Abbott, 2012 Congress Chair and Editorial Committee Co-chair, Suzanne Bakken and Erika Caballero, Scientific Program Committee

Co-chairs, Judy Murphy and Lynn Nagle, Organizing Committee Co-chairs, Carola Hullin, Editorial Committee Co-chair, Polun Chang and Cornelia Ruland, Post Conference Co-chairs.

Attendees included nurses, midwives, care-givers, and scientists from around the globe and discussed the impact of informatics on care improvement, professional practice, health policy, and research. Financial support for the meeting from key sponsors included ANI, ANIA, CNIA, Canada Health Infoway, Canadian Institute for Health Information, Elsevier, IMO, Kanter Family Foundation, NiHi, nVoq, Philips and RTI. Thank you again to our generous sponsors that helped make the meeting a success!

Judith Shamian, RN, PhD, president and CEO of Victorian Order of Nurses; Victor J. Strecher, PhD, MPH, professor at University of Michigan’s Schools of Public Health and Medicine; and Patricia Flatley Brennan, RN PhD, professor at University of Wisconsin-Madison keynoted the meeting and dazzled attendees with their knowledge and wit. The Congress also featured poster, paper, and panel submissions from 38 countries—a truly global event.

European Federation for Medical Informatics (EFMI) - A Brief Outline

Objectives

The European Federation for Medical Informatics Association (EFMI) is the leading organisation in medical informatics in Europe and represents 32 countries. EFMI is organized as a nonprofit organisation concerned with the theory and practice of Information Science and Technology within Health and Health Science in a European context.

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 and Governance

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 Health-/Socialcare Informatics and all disciplines concerned with Health-/Socialcare and Informatics.

The organisation operates with a minimum of bureaucratic overhead. Each national society supports the federation by sending and paying for a representative to participate in the decisions of the Federation's Council, the membership assembly. Apart from the Council, an elected board consisting of nine members governs EFMI.

English has been adopted as the official language, although simultaneous translation is often provided for congresses in non-English speaking countries.

Membership and Organization

Currently, 31 countries have joined the FedAs already been stated, 32 countries have joined the Federation, including Armenia,

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. All representative societies in countries within the European Region of the WHO are entitled to apply for membership.

EFMI is also open for institutional membership. Typical institutions, which become EFMI members, include universities, research organisations, federations, industries and organisations. Currently, 16 organisations have become institutional members of EFMI: 2 universities, 9 industrial companies and 5 not for profit organizations.

EFMI has a long tradition in working groups (WG) which are organising and supporting events and projects on a European basis but also worldwide in close co-operation with national and international WGs and institutions. The EFMI council has extended the model of WGs during MIE2011 in Oslo by Project Groups (PG). PGs are established for 3 years. When the concept of the project group proves to be successful there is an option to become a working group of EFMI. EFMI does not offer personal membership except for the working groups.

Congresses and Publications

EFMI organizes two main series of conferences: the Special Topic Conferences (EFMI-STC) and Medical Informatics Europe (EFMI-MIE). In conjunction or independent of the main congress series, working groups in addition organize topic specific workshops, tutorials and seminars.

Medical Informatics Europe Conferences (MIE)

So far 24 MIE congresses (Medical Informatics Europe) have been organised by the national members and EFMI with up to more than 1000 participants. The concept includes peer-reviewed presentations according to the type of paper as oral or poster presentation. Workshops and tutorials prepared or supported by EFMI working groups are an essential part of EFMI MIE conferences.

Medical Informatics Europe Conferences have been organized 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), Gothenburg (2008), Sarajevo (2009), Oslo (2011) and Pisa (2012).

The next MIE congress will be organized in Istanbul in 2014.

Special Topic Conferences (STC)

STCs are conferences, specialized in current topics. Special Topic Conferences follow a successful concept including the following 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

STCs were so far organized in Bucharest (2001), Nicosia (2002), Rome (2003), Munich (2004), Timisoara (2006), Brijuni Island Croatia (2007), London (2008), Antalya (2009), Reykjavik (2010), Lasko (2011), Moscow (2012) and Prague (2013).

Publication

Publication of the conference proceedings of the EFMI conference series was done in close co-operation with IOS Press in its Medline indexed series "Health Technology and Informatics" in the last years. Selected papers from the EFMI conferences were also published in *Methods of Information in Medicine*. The accepted papers are available from the EFMI-pages for conference participants.

As complement for the conference proceedings a 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 a website for external and internal communication. Different Mailing lists are established. 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 into EFMI pages available. For 2013 an extension and relaunch of the EFMI information system components is planned, including the EFMI's website.

Further information about EFMI and EFMI related activities can be obtained via EFMI's website: <http://www.EFMI.org>

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