

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 1st November, 2014, in New Delhi, India through a combination of onsite meeting and Skype conference call. Representatives from AMBIS, CMIA (online), HISSL, HKSMI, HISA, IAMI, JAMI, KOSMI, PIKIN, PMIS, TAMI attended the meeting. The APAMI2016 bid was carried out smoothly between KOSMI and HISA, with KOSMI won the bid to host the APAMI conference in Korea in 2016. Meanwhile, a new board has formed:

President: Dr S B Gogia (IAM)

Immediate Past President: Ms Ying Wu (CMIA)

President-elect: Kyunghee Cho (KOSMI)

Secretary: Ms Louise Schaper (HISA)

Treasurer: Dr CP Wong (HKSMI)

Members' Activities 2012-2013

China (by Ying Wu)

China Medical Informatics Association (CMIA) continues to lead the growth and development of medical informatics in China. It plays an essential role in disseminating the importance of medical informatics in the health care field. At present, CMIA has over 8,000 members and 31 regional branches nationally.

In November 2014, during a Board Meeting hosted by Yongqin Huang, the current Chairman of CMIA, Ying Wu (the Vice President for CMIA) was appointed as the official representative to IMIA. Upon that date, the term for Ling Zhu as the CMIA representative to IMIA was terminated.

Therefore, Ying Wu will be the official representative of CMIA in future IMIA GA meetings and other activities within IMIA.

The 8th Exposition of China International Electronic Medical Record & Telemedicine & Big Data for Health Care was successfully held at Yangzhou Convention Center, Jiangsu, China, from December 18th–December 20th. It was jointly organized by CMIA and Chinese Institute of Electronics (CIE). The theme of the convention is “Emerging information technology facilitates innovative health care services”, with subthemes covering the topics on big data, EMR & smart health, telemedicine, mobile health and remote cardiac monitoring etc. Meanwhile, the 2nd China National Nursing Informatics Conference (CNNIC), which was organized by CMIA NI and co-hosted by School of Nursing, Capital Medical University, was held jointly with this convention. Over 600 hundred attendees participated in the convention, in which 160 people have registered for the 2nd CNNIC alone, 7 subthemes has been included to provide a platform for attendees to share their achievements and research findings in nursing informatics.

The preparation of Medinfo2017 has been initiated in 2014, starting with establishment of the Local Organizing Committee and participation of IMIA activities, such as inclusion of Professor Xiuzhen Feng as a member on the Scientific Programme Committee for Medinfo 2015 preparation. A China Session has been arranged by Medinfo2015 LOC to take place during Medinfo2015 in San Paulo, Brazil in August, 2015. The session is named as “World Chinese Health Informatics Symposium (WCHIS)”, the official language for this session is in Chinese, and attendees from all over the world who speak Chinese are welcomed to participate in this session. CMIA will take on responsibilities of reviewing submissions for this session. Call for submissions for this session have been disseminated through multiple academic activities nationally and internationally. This will be a great opportunity in advertising for the Medinfo2017 which will be held in Beijing, China.

The National Health and Family Planning Commission of People's Republic of China

is also encouraging adaption of ehealth and mHealth in health care field. A call has been made to general hospitals in large cities, regional clinical facilities, and community health centers in the rural areas to establish a network nationwide, in which a comprehensive health management service system is anticipated to accomplish through modern information technology such as ehealth, mhealth, O2O, big data, and cloud computing etc.

CMIA will continue to foster the growth of medical informatics in China, and advance the penetration and adaptation of information technology in the health care field in China.

Hong Kong (by CP Wong)

Hong Kong is working hard this year to prepare for the territory-wide Electronic Health Records Sharing System across the public and the private healthcare sectors. Slightly being delayed due to legislative issues regarding to the Privacy Bills, we would expect it to be rolled out by the end of 2015. Ground works including the standardization of territory wide clinical vocabulary, drug dictionary and laboratory data are all mapped to the SNOMED-CT apart from the local standards. We hope to see the possible unification of the electronic data of both the public and private healthcare services in Hong Kong in near future.

A major project is the roll out of the Bar Coded Medical Administration System in all the 15 acute major hospitals in the Hospital Authority. This is a massive \$173 million HKD project involving all clinical areas in these hospitals. Successful roll out has been completed in at least 3 hospitals by now, and hope to complete within four years. This is coupled with the comprehensive closed loop medication processes from e-prescription to administration and we hope to see the reduction of risks associated with drugs in the health services.

The Hong Kong Society of Medical Informatics continues to contribute in the capacity building of informaticians in Hong Kong. A post-graduate diploma course in health informatics was rolled out last year. Another

elementary 10x10 course endorsed by AMIA is organized yearly. Together with a Master of Science course in health informatics, the Hong Kong Society of Medical Informatics strives for a better capacity building of health informatics in Hong Kong.

India (by Dr. S B Gogia)

The Indian Association for Medical Informatics (IAMI) was established in 1993 as a non-government, professional organization. The over 650 membership of IAMI comprises of scientists and physicians who perceive a need to sensitize the Indian Medical fraternity to the benefits of Information Technology (IT) in health care and facilitate IT adoption in the areas of patient care. IAMI joined IMIA in 2006.

The official organ of IAMI is Indian Journal for Medical Informatics (www.ijmi.org) or IJMI for short – (ISSN: 0973-0379) to encourage research and promote awareness on healthcare informatics and IT. Two issues of Volume 8 the same were released in 2014 – the second one as special issue including the accepted abstracts of APAMI 2014. After a long gap a physical copy of the same during the APAMI meeting

The Association has been actively involved in developing standards for Healthcare connectivity. A significant achievement of IAMI recently has been to act as the prime mover for the development of the recently released document by the Government of India on standards and guidelines of telemedicine practices in India. Several such initiatives in both government and private sectors are currently under way including membership of the BIS committee for Healthcare Informatics Standards (MHD17)

IAMI's main activity during 2014 was a joint national (NCMI 2014) as well as Asia Pacific Conference. The theme of the conference was „**Health IT Solutions to improve Patient care**“

APAMI 2014 was a mingling of over 200 presentations through Panels, Workshops. Keynotes, as well as Free papers and posters organized around the following themes:

- Nursing Informatics – **Keynotes, Workshop and theme session**
- Clinical Research Informatics **Keynotes and Free Papers**
- Clinical Workflow and Human Factors

Panel, Keynotes and Free Papers

- Consumer Informatics and PHRs **Free papers**
- Mobile Health **Keynote and Free Papers**
- Data Interoperability and Information Exchange (incl Terminologies) **Keynote, Panel and Free papers**
- Data Mining, NLP, Information Extraction Retrieval **Keynote and Free papers**
- Achieving Meaningful Use **Keynotes, Panel and Free Papers**
- Global eHealth – Tele-medicine & Tele-education **Workshops, Panels, Keynotes, Inaugural Session and Free papers**
- Informatics Education and Workforce Development **Workshop, Keynote and Free papers**
- Informatics in Health Professional Education **Workshop, Keynote and Free papers**
- Interactive Systems **Free papers**
- Policy and Ethical Issues **Keynote and Free papers**
- Public Health Informatics and Bio-surveillance **Keynote and Free papers**
- Imaging Informatics **Keynote and Free Papers**
- Simulation and Modelling **Free papers**

In addition to the above a few contemporary issues have been added as Theme sessions

- Make In India Session – healthcare IT products and developments from India
- Patient Safety
- History of APAMI (as well as of IAMI)
- Technical Aspects of Medical Journal publishing

Scientific content overview

124 Free paper submissions, 97 accepted 47 oral - including 11 student papers 50 posters 6 workshops – Ehealth, Informatics for Medical Education, Health Informatics Workforce Development, Nursing Informatics and History of APAMI,

4 panels – Ehealth, Basic and Applied Research in Informatics, EHR Standards and Patient Safety

2 scientific demos – Make in India and Software for Gastroenterology

38 special invites as keynotes /panellists/ Chairpersons and moderators

10 sponsored talks/ sessions

Student paper competitive session –two awardees were selected by the judges

First Prize: Utilization of a Code Status Tool in an Electronic Health Record by Haresh L Bhatia, Vanderbilt University, USA

Second Prize: MRI Image Processing Workbench For Alzheimer's disease classification by Sami Andberg and Parvathy Sudhir Pillai (Presented by Ms. Pillai). Karolinska Institutet, Sweden and National University of Singapore

Poster competition was held for all submissions and not exclusive to students

First – Results and problems in executing Teleophthalmology by Riki Phukan (SATHI) Second - HealthSense - A Portable IoT Enabled Monitoring Platform for Primary Health Centres by Vijay Rao of IIT Delhi

- Total Delegates over 400 -326 Full + around 70 for workshops alone
- These delegates came from 29 countries representing the 5 continents across the globe –ranging across Argentina and Canada in the Western hemisphere and Australia, Korea Japan and Russia in the east.
- **Addition of Webcast (first time ever a full such conference has been webcast) and online delegates. The webcast was available for review for another month.**
- Photos of the Event are loaded at www.flickr.com/photos/apami2014

Pre conference workshops and inauguration, student competition and inaugural panel as well as Inauguration was held at AIIMS New Delhi along with the National Conference while main conference was held over next 2 days at India Habitat Centre.

Visa problems meant that only the recorded talk by the APAMI president Prof. Ying Wu could be delivered. However she was present virtually, her record talk was delivered even while she was viewing the same through the webcast.

Japan (by Michio Kimura)

Standardized Data Item Sets for Self-management of Chronic Diseases - developed by Japan Association for Medical Informatics, Japan Diabetes Society, Japanese Society of Hypertension, Japan Atherosclerosis Society and Japanese Society of Nephrology.

There are many databases of chronic diseases for a variety of purposes, including medical care, clinical or epidemiological studies, education, and so on. In the past, standards have not

been developed for the data items, that is, what data items should be collected, what units and what granularity should be adopted, and so on. If the data items within each existing database are not interoperable, we are not able to make use of data sources in a comprehensive way for secondary use. To increase commonality and interoperability of the data items between data sources on a given disease, Japan Diabetes Society and JAMI inaugurated a project in 2011 to develop two sets of standardized data items that allow reuse of data and facilitate consolidation of data from sources with differing purposes. One is the Minimum Data Item Set (MDIS) and the other is the Standard Data Item Set for Self-Management (SDISM) for Diabetes Mellitus. In 2012, Japanese Society of Hypertension, Japan Atherosclerosis Society, and Japanese Society of Nephrology joined the project, and MDIS and SDISM were developed for Hypertension, Dyslipidemia, and CKD. The MDISs and SDISMs were developed in coordination to ensure data consistency including data items name, granularity, and unit (expression of result). The MDISs and SDISMs were endorsed by the respective society's board and published on the web. A slide deck describing the Minimum Data Item Set (MDIS) and the Standard Data Item Set for Self-Management (SDISM) is obtainable from the JAMI site:

<http://jami.jp/medicalFields/create-set/en.pdf>

JAMI Certification of Healthcare Information Technologist

JAMI Healthcare Information Technologist (Healthcare IT) Certification program was inaugurated in 2003 to cultivate human resources in the field of healthcare information technology and to support career development of health information professionals. The certification is intended for healthcare professionals, software engineers, managers, vendors, and others involved in Healthcare Informatics. The required knowledge and skill sets are made up of a) Information Technology, b) Health Care, and c) Health Information Systems. Abilities of "Communication, Collaboration, and Coordination" are also considered essential to a qualified Healthcare IT. A committee on Healthcare IT is responsible for curriculum development, examinations, tutorials and seminars, text books and e-Learning, and more than a hundred JAMI

members are engaged in the activities. In the first examination given in 2003, the number of examinees was 3,521 and 979 people were certified as Healthcare IT. In 2014, the 12th annual examination was given in 11 cities around the country, and 1,680 people out of 4,890 passed the examination. As of January 2015, a total of 15,614 people were certified as Healthcare IT. The Senior Healthcare IT certification examination started in 2007. The examination consists of two stages, where the first-stage is paper based test and the second is based on an essay and an interview. In 2014, the 8th Senior Healthcare IT examination was given, and 27 out of 255 people passed the two stages test. As of January 2015, we have 309 certified Senior Healthcare IT. The overview of the certification program is given below: http://jami.jp/hcit/HCIT_SITES/doc/pdf/090522HealthIToverview.pdf

Annual Conferences

In June 2014, 18th Spring Symposium was held in Okayama. Prof. Yoshio Ohta was the president of the conference. 1000 participants gathered and its theme was "Medical information sharing, usability, continuity, and future aspects of healthcare information network". In November 2014, 34th National Conference was held in Chiba. Prof. Katsuhiko Takabayashi was the president of the conference. 2800 participants gathered and its theme was "Medical informatics creates medicine and biology".

In August 2014, 15th Nursing Informatics Conference was held in Morioka. Prof. Kazufumi Yamauchi was the president.

Total of 18 local charter conferences and special interest meetings were held in 2014.

Korea (by Hyeoun-Ae Park)

The Korean Society of Medical Informatics (KOSMI) celebrated its 25th anniversary two years ago. As of December 31, 2014, KOSMI has more than 6000 different types of members consisting of 223 life time members, 171 full members, 77 student members, 5660 Web members, and 12 institute members.

KOSMI plays a very important role in the field of biomedical informatics in Korea by providing opportunities for sharing and exchanging information and knowledge in the field. Main activities of the KOSMI include hosting regular biannual academic

conferences, seminars on different topics, and publishing the Health Informatics Research (HIR), an official journal of KOSMI four times per year.

The Spring conference was held at Seoul National University Hospital in Seoul from July 4 to July 5. The theme of the conference was "Data Science of Connected Health" and 247 members participated in the conference. There were 3 tutorials, 4 symposiums, 12 paper presentations, and 40 poster presentations. Three papers and one poster were awarded and recognized as the best papers and poster respectively at the conference. The Fall conference was held at BEXCO Exhibition Center in Pusan in conjunction with the Health IT Show organized by Korean Ministry of Trade, Industry, and Energy and Busan Metropolitan City as a 2nd-week special event conducted by 2014 ITU Plenipotentiary Conference. The theme of the conference was "Health IT Platforms for One Health". More than 200 members participated in the conference. There were 3 tutorials, 10 symposiums, 9 paper presentations and 25 poster presentations. CJK MI (China-Japan-Korea Medical Informatics) 2014 was also held in conjunction of this conference. One paper and one poster were awarded and recognized as the best paper and poster at the conference. The 15th Conference on Biomedical Informatics was hosted by the KOSMI. Theme of this year's conference was "Consumer initiated Smart Healthcare System".

KOSMI published 20th volume of the HIR in 2014. The KOSMI currently publishes all of four issues in English. In general each issue publishes one review article, 8-10 original research articles and a book review. The Journal was accredited by the Korea Research Foundation in 2006 and registered as one of prestigious academic journals in Korea. Currently KOSMI officials and editor-in-chief are working hard to promote the Journal as one of the SCI journals.

KOSMI won the bid to host APAMI 2016 during the 2014 APAMI GA meeting held during the APAMI 2014 conference early November in New Delhi, India.

New Zealand (by Inga Hunter)

In 2014, HINZ created a buzz around health informatics with an outstanding line-up of speakers, workshops and relevant presentation streams at the annual national conference.

There were more than 600 attendees, climbing more than 80% from previous years' numbers. It caused enough of a stir that the new Minister of Health (not even 3 months into his role) made a side-track from his schedule to present his outlook for the sector. A focus on clinical leadership and health informatics in practice added to the clinical engagement for the event. The organizational restructuring of HINZ in 2013 provided a new role for a Chief Executive, who largely focused on the 2014 conference. Plans for 2015 include the website launch, with a members-only connection capability, professional development certification, educational primers, health hackathons and co-hosted seminars. The annual national conference is scheduled 20-22 October and will be located in Christchurch, co-located and following the Nursing Informatics Conference.

Philippines (by Dr. Erwin Brian Tan)

The recent years have been very exciting times for the Philippine Medical Informatics Society (PMIS) as members from different fields and professions joined together to increase the awareness of the country about the role of Medical Informatics, the benefits of Telehealth in our everyday health, and the assistance of the Internet in improving the field of Medicine.

Approaching its 20th year, since founded in 1996, the PMIS presently has more than 1,000 members on its roster and continues to play a central role in the expansion of health informatics in the country by holding various symposia, and partnering with different health and IT groups that promote public awareness of technology in healthcare.

Last year, the society and along with partners from the private and public sector, with several local and international Internet stakeholder organizations, held a convention called Internet 20PH discussing the past, present and future of Internet in the Philippines as a celebration of the landmark event in Philippine Internet History.

March 29, 2014 marked the 20th anniversary of Internet in the Philippines. PHNET (formerly called Philnet) is a collaborative project of the Department of Science and Technology (DOST) and several academic institutions, which connected officially to the Internet on the same date in 1994. The Philnet project began in July 1993 with a limited

electronic facility linking DOST, Ateneo de Manila University (ADMU), De La Salle University, and U.P. Diliman. A year later through a connection with Victoria University of Technology (VUT) in Australia, through the institutional ties with ADMU, became the gateway to the Internet while ADMU acted as the local relay hub for the Philippines.

Internet20PH: Connecting Filipinos to the World was a week-long event commencing on the 27th of March to 4th of April 2014 at Crowne Plaza Hotel, Quezon City, Philippines. A series of workshops, conferences, technical trainings and other relevant activities were conducted to highlight the successful establishment and continuous evolution of the Internet technology in the Philippines. In relation to this, it is of note that the government has also passed laws to protect local netizens against cybercrime, among the legislation that have been passed are the e-commerce law and the controversial cybercrime prevention act, which is currently under review. Among the co-organizers of the event and Internet stakeholders present were the Philippine Chapter of the Internet Society (ISOC-PH), the Asia Pacific Network Information Centre (APNIC), Trans-Eurasia Information Network (TEIN) and the, U.P. Institute of Environmental Science and Meteorology (IESM).

And finally, recognizing the strong influence of social networks, PMIS established a presence in Facebook (www.facebook.com/groups/philmmedinfo) and encouraged knowledge exchange and resource sharing within this environment. The PMIS Facebook group discusses topics ranging from electronic medical records to privacy to knowledge management. It has also become an important repository for eHealth blogs of students from the University of the Philippines Manila Master of Science in Health Informatics.

The Philippine Medical Informatics Society continues to push the boundaries of health education and information exchange with its participation in the different academic institutions of the country. It stays firm on its stated purpose and mission which is to promote and develop the application of information technology in the field of Medicine and Public Health, in order to improve the quality of healthcare of the Filipino people.

Sri Lanka (by Prof. Vajira H. W. Dissanayake)

The Health Informatics Society of Sri Lanka (HISSL) was founded on 15 November 1998. It has been a member of APAMI from its inception and a member of IMIA from 2011. As of December 31, 2014, HISSL had 265 members.

HISSL is the main association involved in education in the field of Health Informatics in Sri Lanka. In 2014 the fourth batch of MSc graduates in Biomedical Informatics graduated from the Postgraduate Institute of Medicine (PGIM), University of Colombo, Sri Lanka. This course was initiated by the PGIM in 2008 on a request from HISSL. It has produced 90 graduates. Over 90% of these graduates are employed as Health Informaticians in the National Health Service in Sri Lanka and are spearheading the implementation of eHealth in the National Health Service in Sri Lanka.

The main conference of HISSL is the eHealth Sri Lanka conference. This year the eHealth Sri Lanka 2014 conference was organized through the PGIM in Colombo from 6 to 8 October 2015 with the participation of over 250 delegates. The World Health Organization and the Commonwealth Medical Association were the other main partners. There were 4 plenary lectures, 10 Keynote Lectures and 35 papers were presented in 14 symposia and 2 interactive sessions.

HISSL was represented at the General Meeting of IMIA and at the General Meeting of APAMI this year.

Thailand (by Boonchai Kijsanayotin)

The Thai Medical Informatics Association (TMI), formerly known as the Thai Medical Informatics Society, was established in 1991. At the beginning, the society consisted of about 300 members. As of December 2014, the Thai Medical Informatics Association has 750 members. Around 40% of which are physicians while the rest 60% consists of nurses, other clinicians, clinical coders, or IT professionals working in executive, operational, or educational roles in hospitals and other health care organizations including software vendor throughout the country.

TMI plays a very important role in the field of biomedical and health informatics in Thailand. The association provides opportunities for professionals to share and exchange information and knowledge in several

platforms. Main scientific and educational activities of the TMI include hosting regular annual academic conference, seminars and workshops on different health IT/eHealth contemporary topics and international study tour. The activities are partnership and supported by the Ministry of Public Health, Ministry of Science and Technology, Ministry of ICT, medical schools and universities, public agencies, private organizations, and IT vendors.

Helina

Activities of the Pan African Health Informatics Association

HELINA General Assembly Meeting

The Meeting was held the 8th March, 2015 at the ISSER Conference Centre in Accra, Ghana. Three colleagues attended the meeting via Skype.

In attendance: Reps. from Burundi, Cameroon, Côte D'Ivoire, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, and South Africa have attended the meeting.

Election of HELINA board

It was announced that four officers are needed for the HELINA board as per the statutes; President, President elect, Treasurer and Secretary.

Elected

President – Dr. Ghislain Kouematchoua

President elect – Mr. Tom Oluoch

Treasurer – Dr. Innocent Nanan

Secretary – Mrs Baaba da-Costa Vroom

All accepted the positions they had been elected to.

Journal of Health Informatics in Africa (JHIA)

The Journal of Health Informatics in Africa (JHIA) is an official journal of the Pan African Health Informatics Association (HELINA), the Africa Region of the International Medical Informatics Association (IMIA), published by Koegni-eHealth Innovation for Development, Germany. JHIA is a peer-reviewed open access bilingual – French, English – journal available at: www.jhia-online.org

JHIA solicits scientific papers focusing on the use of information and ICTs in the healthcare sector in the broad sense (including self-help, health promotion, education and

In 2014, TMI provides 9 conferences, seminars and workshops which participated by 1,214 professionals in total. The TMI 2014, 23rd annual conference, was held in Chaingmai with the “Improving Hospital Quality through Health Information Technology” theme and 309 participants. The conference consisted of panels, tutorials and paper presentations.

training of health providers, research, etc.) in Africa. Papers can be based on quantitative or qualitative empirical research or literature analysis or theoretical argumentation. Authors can be African or non-African and affiliated to African higher education and research institutions or any other institutions anywhere, or without affiliations.

In 2015 JHIA will publish two open-call issues. See ‘Submissions’ on the journal web site for instructions. Volume 2 (2014) contained of two issues; issue 1 was an open-call issue and issue 2 contained the full research papers accepted to and presented in the HELINA 2014 (Health Informatics in Africa) conference in Accra, Ghana.

Post Conference Report – HELINA 2014 Introduction

The 9th Health Informatics in Africa conference was co-organised with the Ghana Health Informatics Association (GHIA). This conference which was originally scheduled for 11th – 15th October 2014, had to be rescheduled due to the Ebola outbreak in West Africa. As a result of the outbreak, the Government of Ghana cancelled all international conferences and meetings in order to curb a potential outbreak in Ghana. The conference was thus rescheduled for 7th -11th March, 2015 at the ISSER conference Centre located at the University of Ghana.

The conference proceedings and presentations are available at the conference website (<http://conf.helina-online.org>) and best papers are published in a special issue of the Journal of Health Informatics in Africa (www.jhia-online.org).

Conference Participants were from Belgium, Benin, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Denmark, Ethiopia, Finland, Germany, Ghana, Kenya, Malawi, Mozambique,

TMI works with APAMI since 2005 and join IMIA in 2010. TMI continuously collaborates with several health IT associations and networks in the Asia Pacific, namely HIMSS Asia Pac and Asian eHealth Information Network (AeHIN).

APAMI Web Site

<http://www.apami.org>

Regional Editor: Dr. Ying Wu

Netherlands, Nigeria, Rwanda, South Africa, and United State of America.

Sponsors and Partners

HELINA and the GHIA thank the following organisations for their support: the Ministry of Health from Ghana, the International Medical Informatics Association, the International Health Terminology Standards Development Organisation (IHTSDO), the National Health Insurance Scheme from Ghana, and the Koegni-eHealth Innovation for Development.

Pre-Conference Activities

The pre-conference activities were held on the 7th and 8th of March, 2015. These were tutorials on:

1. Data mining, Big Data Analytics
2. SNOMED CT
3. Health Information Systems Interoperability
4. Special session on Health Informatics Education in Africa

The Data mining and Big Data Analytics Tutorials were facilitated by Dr. Georges Nguetack-Tsague. This tutorial drew about 69 participants. These were mostly Undergraduate students, some graduate students and a few professionals.

The Health Information Systems Interoperability tutorial was delivered by Dr. Frank Verbeke. This was also very well attended with about 119 participants.

The International Health Terminology Standards Development Organisation (IHTSDO) offered this tutorial to expose participants to the SNOMED CT concepts. A real-life implementation of the concepts in an Electronic Medical Record system in Kenya was demonstrated for participants to see.

The Special session for the Working Group on Education was also well attended. It was

co-organised with the Informatics Development for Health in Africa (INDEHELA) network. This was divided into two sessions. Session 1 was a dissemination event for the INDEHELA network, giving them an opportunity to share experiences and outcomes of work being done within the network.

Session 2 was chaired by Dr. Helen Wright under the theme ““Developing Health Informatics Education and Training: building Africa’s capacity for caring description: Education driving force and capacity builder for the future of Health Informatics in Africa””. There were presentations from Ghana, Ethiopia and Burundi. Prof. Graham Wright from the University of Fort Hare in South Africa was elected the Chair of the WG.

Main Conference

The opening ceremony of the ninth Health Informatics in Africa (HELINA) Conference took place on the 9th of March, 2015 at the ISSER Conference Center of the University of Ghana, Legon. The program for the day was segmented into two parts. The first part of the program was dedicated to welcome and keynote addresses. Opening addresses were given by the Chairman of the Local Organizing Committee, Mr. Elikplim Achoribo and the General Chair of the conference, Dr. Ghislain Kouematchoua. There was also an address by the scientific committee read by Dr. Frank Verbeke.

The opening address was also given on behalf of Ghana’s Minister of Health. The minister was represented by Dr. Ken Sagoe. Dr. Kennedy Sagoe outlined the apparent yet innocuous woes bedeviling health systems in Africa. He particularly identified the increasing disease burden in terms of communicable and non-communicable disease prevalence in Africa. According to him, high cases of child and maternal mortality are a major cause of concern to most Africa countries coupled with mal-distribution of healthcare professionals and facilities.

According to him, ICT has been identified as one of the most powerful means of ensuring universal access to healthcare delivery in Africa. It is in the light of this that the e-Health Strategy of Ghana was developed. In pursuance of this policy the District Health Management Information System was deployed in all the ten regions on the country. Aside these, courses in Health Informatics are increasingly being run

in some tertiary institutions to build capacity for the effective deployment of e-Health in Ghana. He concluded that the ministry is in the process of developing a scheme of service for Health Informatics Professionals in the Ministry of Health and the Ghana Health Service.

The first keynote address for the conference was delivered by Mr. William Tevie the Director-General of National Information Technology Agency on behalf of Ghana’s Minister of Communications. On his part, the keynote speaker, Dr. William Tevie the Director General of the National Communication Agency made reference to the cardinal objectives of Ghana’s health policy and the Millennium Development Goals (MDGs). According to him, the effective and efficient deployment of e-Health solutions in the healthcare delivery process is a sure way of achieving the MDGs on health in Africa. He intimated that, the government in its quest to build the necessary infrastructure for digitization was working to complete a fibre optic infrastructure in the eastern corridor of Ghana and begin works for same for the western corridor.

These keynote addresses were interspersed with traditional dances and songs by the Ghana Dance Ensemble. They gave very colourful performances depicting various traditions from the Northern Region of Ghana.

The award winner of Dr. Sedick Isaacs Award for excellence in Health Informatics in Africa, Dr. Lyn Hanmer paid glowing tribute to Dr. Sedick Isaacs. She delivered her address on the title, “The importance of partnerships for Health Informatics development in HELINA and other low-resource settings”. She was of the view that the complexities of running health systems call for co-ordination (vertical and horizontal), skill enhancements, setting standards, review of existing health informatics curriculums, building of partnerships and networks with internationally renowned societies and associations such as IMIA, ISfTeH, HELINA and DHIS as well as with private and governmental agencies and institutions. She concluded by calling on the new HELINA board to endeavour to champion indigenous research aimed at reporting on the tremendous work ongoing in Africa rather than waiting for outsiders to do so.

The second part of the program was dedicated to academic and work in progress presentations on a variety of interesting areas such as national e-Health strategies,

policies, and architecture; point of care health information systems; data mining, big data analytics and national data reporting platforms; integrated healthcare and universal health coverage; health informatics education, research methods and capacity development; and informatics in the implementation of monitoring and evaluation systems.

Conference Day 2

The second day of the conference began with two keynote addresses. The CEO of IHTSDO, Mr. Don Sweete delivered an address on the topic “The emergence of clinical terminology in healthcare”. The second keynote address was given on behalf of the CEO of the National Health Insurance Authority by Mr. Osei Boateng Acheampong.

The keynotes were followed by presentations on papers on topics such as HIS development and implementations, integration with vertical programmes and community engagement in developing HIS.

The conference closed on Wednesday with an interactive session on National eHealth Strategies in Africa. There were presentations by Nigeria and Ghana on the development of their eHealth strategies and how it could and was transforming healthcare delivery in the respective countries.

Participants were also invited to review the conference and share lessons learnt. The organisers obtained some information through a structured questionnaire. Participants also gave feedback orally. The conference was officially closed with remarks by the LOC chair, Mr. Elikplim Achoribo.

Some Basic Statistics

Total number of papers presented – 28

Total number of Keynotes - 4

Total number of participants - 138

Total number of attending tutorials:

- Big Data Analytics & Data Mining – 69
- HIS and Interoperability – 113
- SNOMED CT – 67
- Health Informatics Education event – 46

Regional Editor

Ghislain B. Kouematchoua Tchuitcheu, PhD
IMIA Vice President for HELINA
E-mail: kouematchoua@helina-online.org
ghislain.k@koegni-ehealth.org

www.helina-online.org

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 IMIA-LAC region continues to grow in terms of progress towards more informed, equitable, competitive, and democratic societies, where access to health information is considered a basic human right. The development of new electronic medical record projects in the region is a key step to disseminating strategic information for decision makers on the use of technologies for health. The dissemination of information is a basic need for the advancement in universal coverage, capability building, regional integration, and economic development.

Those are the principles behind the activities of the various national organizations in IMIA-LAC which are very active in defining the Digital Agendas of their countries, meeting regionally to exchange experiences and resources, and accomplishing critical goals through the implementation of standards of the eHealth PAHO/WHO initiative, together with the ITU National eHealth Strategy, to advance health informatics.

The academic development in our member countries has been making progress at various paces according to the needs of each country, where the priorities are focused to address the particular challenges the country faces.

In **Mexico**, the World Congress on Information Technology (WCIT 2104) took place in Guadalajara, Mexico, from September 29th to October 1st, where together with WITSA and CANIETI, the Mexican Medical Informatics Association organized a special event on "ICT for Healthcare", with strong participation of representatives from the WHO, IMIA, AMIA, PAHO, ICANN, EFMI, and international and national authorities, discussing the viability of these models applied to Latin America. The event was especially useful in supporting the new initiatives for the Digital Agendas in the region. www.wcit2014.org

The most important regional event, INFO-LAC 2014, took place in Montevideo, **Uruguay**, on October 16–17th. This conference was hosted by the Uruguayan Society for Data and

Information Services Standardization (SUEI-IDIS), together with the Uruguayan Society of Health Informatics (SUIS). At his very important event representatives from IMIA LAC, PAHO, PAHO/NI, ANSI and HL7, together with professionals of the region met to define new methods and approaches to promote the broader adoption of standards in the region, to explore how professionals like nurses, paramedical and medical assistants can provide more accurate data to the electronic medical record, and to find better models of regional collaboration. <http://files.sld.cu/redenfermeria/files/2014/10/realatoria-infolac-2014.pdf>

In Buenos Aires, **Argentina**, the 5th University Conference on Health Information Systems hosted and sponsored by the Hospital Italiano was successfully organized with the participation of relevant international academic leaders in the field of Medical Informatics. The conference featured a very interesting academic program with high quality papers, posters, and workshops. Some of the important topics addressed during the conference included the newest version of SNOMED in Spanish, the collaboration programs with the NLM, eHealth agenda in Argentina, and standards. (For more information see http://www.hospitalitaliano.org.ar/infomed/index.php?contenido=ver_curso.php&id_curso=7797#.VZpzZ0sqcqc)

In **Brazil**, the Brazilian Society for Health Informatics hosted one of the most active conference in the region, the CBIS 2014 (14th Brazilian Conference on Health Informatics) at Santos-SP. With the participation of international decision makers like Charles Safran, Ted Shortliffe, Patrice Degoulet and others important issues like Big Data in healthcare, formal recognition of Health Informatics, collaboration of academia and industry, planning of institutional Healthcare Information Systems, and training of skilled personnel for the information management challenges were addresses at a high scientific level. There was a good participation of the different countries and regions which ensured the transmission and exchange of knowledge for the different professional groups deploying these important projects. (<http://www.sbis.org.br>)

Cuba remains very active through the Cuban Society of Medical Informatics, which has a strong international collaboration program. This year, the Cuban Ministry of Health supported and organized the 10th Conference on

Health Informatics on April 20–24th at La Habana, together with the International Network of Nursing Informatics, and the Public Health Informatics Group, which supported by the PAHO put together a very interesting academic program addressing topics like professional training on Medical Informatics (MI), developing new technological platforms for health professionals in Latin America, and opening the Cuban MI system to the rest of the region. There were representatives of PAHO/WHO, Latin American Universities and Public Health organizations. (<http://www.convencionsalud2015.sld.cu/index.php/convencionsalud/index/pages/view/informaticaensalud2015>)

Bolivia hosted in 2015 its third international conference on Medical Informatics and Telemedicine. This time the conference took place in the city of Oruro from May 14–16th. With the participation of local and national authorities, the event invited experts from Europe, Latin America, and the USA to share with public and private professionals, how to assimilate, incorporate, and manage technology to deliver better healthcare. Special focus was provided to the "Altiplano" project, an international telemedicine project between Swiss and Bolivian institutions to provide first class healthcare services to the Bolivian population. (<http://www.sobotim.org/citim2015/SitePages/Inicio.aspx>)

The Chilean Health Informatics Association (ACHISA) informs about their courses and topic meeting taking place in **Chile**.

As of the time of this report, **Colombia**, **Perú** and **Ecuador** had no relevant material to share with the international community.

In November 20–22, the 2nd International Symposium of Health Informatics in Latin America and the Caribbean will be held in San Juan, Puerto Rico, organized by Dr. Patricia Ordóñez. This conference will be an interesting opportunity for the English speaking countries interested to meet at the region and look for collaboration opportunities (www.shilac.org).

In summary, IMIA-LAC countries continue to show great enthusiasm and work effort in advancing Medical Informatics in the region.

Regional Editor
Dr. Amado Espinosa
IMIA-LAC President
<http://www.imia-lac.net/>

MEAHI

Middle East Association for Health Informatics

MEAHI organizes its first Special Topic Conference (MEAHI STC 2015) on 03-05 November 2015, at Health Sciences Center, KUWAIT University, KUWAIT. During MEAHI past four conferences since 2002, we mainly focused on general themes in Biomedical & Health Informatics domain. In 2013, in accordance with MEAHI Functional Model, we decided to embark another category of MEAHI events, in addition to its periodical events, so called “MEAHI STC – MEAHI Special Topic Conference“. The MEAHI STC series aim to

- Focus on special topics, which give opportunities to attendees to hear and learn more about technical details concerning the conference topics;
- Be a catalyst for MEAHI technical functionality which is based on its working groups' activities;
- Be a forum for emerging and arousing the cross-borders technical collabo-

rations in the field of Biomedical & Health Informatics in the region;

- Enhance the quality of the portfolio of the MEAHI Biomedical and Health Informatics Conference Brand.

The MEAHI STC 2015 specifically aims to explore the challenges and solutions for an integrated healthcare service using information and communication technology (ICT) based on regional needs and MEAHI inspired strategy: “Better Health Through Better Information“. (See more : <http://www.meahi.org/#!/meahi-stc-2015/c1no8>).

The theme of the MEAHI STC 2015 is “Standards and Interoperability in Healthcare Informatics“. The MEAHI STC 2015 topics will address the basic and advanced concepts of healthcare informatics standards' development and deployment, the applications of standards in care processes and healthcare information systems design, functionality and usage to achieve the required interoperability for ubiquitous and high quality service provisions in healthcare settings.

All the Call-for-Submissions, submission types, guidelines on preparation for

the submissions, double-blind reviewing, evaluation, and scoring of the submissions are adopted from MEDINFO2015 style (<http://www.meahi.org/#!/call-for-submission/c1vhk>). During a pre-conference day, and a 2-day conference, and in addition to submissions contributions, the conference delegates will hear from invited and distinguished speakers from the region and around the world.

To enhance further the quality of the MEAHI STC 2015, we are going to work with an international advisory board, which consists of well-known leaders in the field of biomedical and health informatics standards. During the MEAHI STC 2015, we will hold the second MEAHI-Nursing Informatics meeting and MEAHI General Assembly as well.

Regional Editor
Dr Ramin Moghaddam
MEAHI Founding President & MEAHI
Supreme Council Chair
Dr_Moghaddam@Meahi.org

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 40th 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.

The 40th anniversary is a celebration of COACH service to Canadian healthcare, starting when several health professionals and vendors in the medical industry came together to form the association in 1975. These visionaries recognized that significant sharing of ideas and efforts was essential to enable Canadian health institutions to effectively use information technology and systems. COACH has grown and developed in response to the evolution of HI, from the early focus on computers in hospitals through to hospital information systems, the health information highway and now to e-records. The association has maintained a steadfast commitment to HI professionals and the profession, with the goal of promoting better information for better health outcomes, throughout the last four decades. The celebrations range from commemorative presentations and anniversary cakes at events across the country to retrospectives by past presidents in *Healthcare Information Management & Communications Canada*, the official COACH journal, and will culminate at the e-Health 2015 Conference.

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, experience gap, shift in roles and other challenges identified in the *Health Informatics and Health Information Management Human Resources Outlook Report 2014 - 2019 Report*, which COACH spearheaded. This important landmark study, originally published in 2009, identifies the need for 6,200 - 12,200 more professionals, including 70% in IT and HIM roles, to 2019, due to replacement and growth demand. The projected moderation of e-Health investments and related shift to HI and HIM roles supporting the optimization of existing e-Health technologies and retirement are documented as other significant challenges.

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 professionalism program. The diagram illustrates the three source practices – Health Services, Information Sciences and Management Sciences – 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 source disciplines intersect.

- **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 (available through webinar or in-person sessions) and *CPHIMS-CA Canadian Health Informatics Review and Reference Guide*.

- **HIP® Career Matrix***

The first illustration of the full spectrum of career possibilities in Canadian HI, the matrix captures the breadth, depth and diversity of the profession, 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.

- **HIP® Career Navigator**

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 - 10th Anniversary!**

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 at the e-Health Conference.

- **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.*

Membership 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 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 engagement with industry leaders, networking, think-tank 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. These initiatives are rooted in the *2013 e-Health Safety Guidelines*, designed 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. Related activities include establishing an agreement for jurisdiction-wide availability of the eSafety Guidelines in Alberta, the Northwest Territories and Ontario, along with organizational licenses with one public and two private sector organizations. (See **Privacy & Security and the Protection of Health Information** below for COACH jurisdictional licensing program information.)

e-Health Adoption and Maturity

There is continued 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 invest-

ments. Further use of this model is expected in other jurisdictions that are in earlier stages of adoption and measurement.

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 confidentiality resource for the HI community across Canada and is considered useful in the international HI community. It is the up-to-date reference textbook for healthcare privacy, security and confidentiality. The latest edition covers emerging privacy and security issues such as social media, hybrid records and telehealth, and includes a new section on First Nations OCAP™ principles. 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: Access Audits for EHRs (2014), a unique audit and logging resource; Patient Portals (2014), focusing on the distinct issues with secure, controlled computerized pathways between a patient and his/her health information; and Putting It into Practice (2013), assisting healthcare providers in the complex decision-making around setting up an EMR in a community setting.

COACH offers a vital 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 protection of health information

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 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 2014 attracted more than 1,500. e-Health 2015 will take place in Toronto, ON May 31 – June 3. The conference covers the breadth of e-Health: information, solutions, implementations, technology, innovations, impact and more and provides more than 100 hours of education, including the popular e-Health Rants and hackathon.

COACH also offers a valued and widely accepted regional conference program that supports education and networking during the year for major regions. These events attract over 550 attendees in sharing and learning from the leaders in HI across Canada.

COACH and COACH's telehealth forum, CTF, are also pleased to host, the international scientific conference, Global Telehealth 2015 (GT2015), in Toronto May 29 - 30, in conjunction with e-Health 2015. Experts from 25 countries will cover the full breadth of telehealth, mobile and virtual health in presentations based on peer-reviewed papers. Presented around the theme of **Serving the Underserved: Integrating Technology and Information for Better Healthcare**, GT2015 offers full Scientific and Applied Programs.

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 ISO Technical Committee 215 on HI (ISO/TC215) work on safe health software. COACH supported the Expert Task Force, under the auspices of the

Infoway Standards Collaborative of Canada (ISC), which provided Canadian input to this important work. The ISO initiative identifies a standards-based framework and is now published as ISO/TR 17791. Current work for a COACH management team member leverages the published Technical Report through a new work item on a Framework of Event Data & Reporting Definitions for the Safety of Health Software. Many COACH members are actively involved as volunteers including chairing and as contributing members of key community forums of Infoway's new InfoCentral standards site. ISC is a fully harmonized standards group covering all HI-related standards development organizations, including ISO/TC215, Health Level 7 (HL7), International Health Terminology (IHT), DICOM, Integrating the HealthCare Enterprise (IHE) and the Center for European Normalization (CEN/TC251).

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. (Don, credited with major advancements in COACH's programs and services and keeping the association relevant, valued and up-to-date during a period of rapid foundational change in Canadian healthcare over the last nine years, will step down from the CEO role May 31, 2015.) Linda Miller, Executive Director, CHIEF, 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, professionalism 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.healthcarecan.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
250 Consumers Road, Suite 301
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

Facebook: (facebook.com/COACHORG)

Twitter (@COACH_HI)

YouTube

LinkedIn COACH Company Page & 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 represents over 5,000 healthcare professionals, students, informatics researchers, practitioners and leaders in biomedical sciences, healthcare delivery, and health information technology. AMIA addresses challenges across the continuum of the health ecosystem – consumers and patients, healthcare providers and care delivery systems, population and public health, and basic and clinical research with the ultimate goal to advance better health, better healthcare, and improved efficiency through the use of informatics and information technology.

AMIA remains committed to providing value to the informatics community by advancing the science of informatics, promoting high quality informatics education, assuring that HIT is used effectively to promote health and healthcare, and advancing the professionalism of informatics.

Advancing the Science of Informatics 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 2015, 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 March, continued its co-location and an overlapping “bridge day” programming which enabled the translational bioinformatics and clinical research informatics communities to discuss the cross-disciplinary nature of their research fields.

Led by Lewis Frey and Chunhua Weng, the program offered exciting and informative panels and attracted 500 individuals. Four keynote panels highlighted the meeting with Philip Bourne featuring

his insights on biological and educational outcomes derived from computation and scholarly communication; Paul Wicks, discussing PatientsLikeMe and insights from shared personal health data; the always scintillating Translational Bioinformatics Year-in-Review by Russ Altman and the captivating Clinical Research Informatics Year-in-Review by Peter Embi.

Novel additions to the program included the Design Challenge that supports translational research and improves our understanding of disease, applications for clustering phenotypic and -omic information, and peer-based learning workshops on resources for clinical and translational research. These workshops were designed for demonstrations and discussions of operational information systems used in clinical and translational research and included participants from U.S. and international initiatives.

To see more about the Summits, visit www.amia.org/jointsummits2015

iHealth

In May, AMIA hosted the second iHealth conference in Boston, Massachusetts. The theme of iHealth 2015 was “Adopt Optimize Innovate”. The conference attracted senior and emerging leaders responsible for implementing and optimizing applied clinical informatics solutions in healthcare delivery settings. Through the conference programming, informatics leaders discussed solutions to HIT challenges through case-based presentations, small group discussions, and interactive panels.

This year's plenary speakers included an opening keynote by Therese Murray, Former Senate President in Massachusetts and current Principal of Mass-Ignite. The second keynote was delivered by Jonathan Perlin, CMO & President of Clinical Services at HCA Healthcare. The closing plenary panel addressed the State of Innovation in HIT with presentations and discussion by John Halamka, Ken Mandl, and Isaac Kohane.

A variety of conference topics drew attendees to the meeting and included implementing and optimizing electronic health records and leveraging big clinical data to improve quality of care.

To see more about iHealth, visit www.amia.org/ihealth2015

Annual Symposium

AMIA hosts the premier informatics meeting in the U.S. 2014 provided a wide range of subject matter and dissemination of scientific discoveries along with continuing education opportunities for close to 2,500 attendees from around the world. The Scientific Program Committee led by Bonnie Westra featured programming and session that included 118 papers, 33 student papers, 84 abstracts presented at the podium, 356 posters, 23 panels, 12 systems demonstrations, 12 tutorials, and 8 working group pre-symposium programs.

This year's meeting was reformatted so that all pre-symposia and workshop activities were included in one meeting fee which increased the number of attendees in the pre-symposium activities. A new format of interactive panels was also introduced to provide more time in sessions for audience participation. There were four Year-in-Review sessions with clinical informatics, translational bioinformatics, public health informatics, and the media. The conference emphasized mentoring the next generation with a student paper competition, student design challenge, and several presentations from high school scholars.

The 2015 Annual Symposium is November 14-18 in San Francisco, California. We hope you will join us! www.amia.org/amia2015

JAMIA

In 2015, AMIA began a five-year publishing contract with Oxford University Press. With a new look, new features and additional mobile functionality, JAMIA will continue to provide members and subscribers with the best in biomedical and health informatics publishing. Lucila Ohno-Machado and the JAMIA Editorial Board published a special issue on person generated health and wellness data as well as interactive systems for patient-centered care to enhance patient engagement.

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.

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 Health Policy Meeting. Proceedings volumes include papers, posters, panels and other types of peer-reviewed, state-of-the-art scientific and technical work.

The Knowledge Center is also a gateway to conference multimedia including presentation slides, posters, video and audio as well as a collection of webinars.

To see more about the Knowledge Center, visit <http://knowledge.amia.org/>

Advancing the Profession of Informatics Clinical Informatics Subspecialty Update

The second class of Clinical Informatics diplomates in the subspecialty of clinical informatics received notice in late 2014 of their board certification. AMIA congratulates the 331 physicians who received their certificates from either the American Board of Preventive Medicine or the American Board of Pathologists. The total number of currently board-certified clinical informatics diplomats is 785 and is open to U.S. board certified physicians

Advanced Interprofessional Informatics Certification Work Continues

AMIA continued its work on establishing a certification pathway for all applied clinical informaticians. This process for informatics professionals such as nurses, dentists, pharmacists, computer scientists, as well as non-U.S. physicians and U.S. physicians who are not ABMS-certified, will provide a roughly equivalent pathway to the current physician certification. In 2015, we will be defining the core content and body of knowledge in format of competencies.

AMIA will continue to update its members and the community of developments as they become available and is excited to accelerate this work.

AMIA Joins CAHIIM to Lead Informatics Program Accreditation

In 2014, AMIA joined the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) as an organizational member. CAHIIM will establish a new health informatics accreditation council that will include AMIA thought leaders who will revise Accreditation Standards for masters' degree programs in health informatics. The steps toward this important decision were championed by the AMIA Academic Forum, and approved by the AMIA Board of Directors and the CAHIIM Board of Directors.

The creation of a separate informatics accreditation council, as a direct result of AMIA joining CAHIIM, ensures that informatics will retain a professional identity distinct from health information management and participation in CAHIIM provides a pathway for AMIA's member programs to

speak in a more unified voice while respecting the unique differences and diversity that makes informatics such a dynamic field.

Health Policy Meeting

AMIA convened the eighth health policy invitational meeting "Patient-Centered Care, Collaboration, Communication and Coordination" in late 2013. Led by Patricia Brennan, the meeting focused on 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 health data by developing recommendations on updates to current policies and establishing a research agenda. The full report from the meeting was published in JAMIA and can be found free on the JAMIA site at <http://jamia.oxfordjournals.org/content/early/2014/11/07/amiajnl-2014-003176>.

AMIA's 2014 policy invitational was held on September 4th-5th in Washington, DC and was entitled "Harnessing Next-Generation Informatics for Personalizing Medicine". Chaired by Peter Tarczy-Hornoch of the University of Washington, this meeting focused on personalizing medicine through the mining of data from clinical systems (e.g., electronic health records and administrative) and high-volume molecular data (e.g., genomic data and biomarkers) to customize care, target drug development, and ultimately make healthcare more efficient and effective. A paper is being finalized for submission to JAMIA in early 2015.

AMIA's 2015 policy invitational entitled "EHR 2020" will occur on September 17th-18th in Washington, DC.

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 commit-

ted 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 2015, ACMI focused the meeting on “Learning all the way from genes to the globe: The grand challenges for informatics across the continuum.”

The symposium focused on the future of informatics to the field and to AMIA. Fellows discussed the grand challenges for the next five years by brainstorming and visioning sessions. Using the Learning Health System (LHS) as a framework and extending LHS concepts into the basic sciences, they identified the unique informatics challenges within each type of LHS and scale, and as well as the cross cutting critical problems that span LHS domains and scales. Led by Leslie Lenert, 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. 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 2015, the working groups are reorganizing in response to the Board of Directors and membership surveys to increase individual member connections to communities within the larger organization. AMIA is a complex organization and it is not always easy for a new individual to find their way. This reorganization is designed to infuse more social networking opportunities, create a more easy to use structure and encourage active participation.

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.

Membership of the Academic Forum has grown to include more than 50 full members, 9 emerging members, and 3 affiliate members.

To learn more about AMIA's Academic Forum, visit: www.amia.org/programs/academic-forum

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 strate-

gic objectives. In 2015, Blackford Middleton continues to serve as Board Chair and Tom Payne as Chair-elect.

In November, AMIA also welcomed Dr. Doug Fridsma as its new President and CEO. Doug is well-known in the informatics and healthcare community as the former Chief Science Officer, Office of the National Coordinator for Health Information Technology at a time when the adoption of electronic health records accelerated in the U.S. During his first several months at AMIA, Dr. Fridsma has been reaching out to AMIA members and listening to the opportunities and challenges that they face, and developing stronger relationships with the broader national and international community. Dr. Fridsma has been engaged in the NIH research priorities in precision medicine, the re-envisioning of the National Library of Medicine and in key national efforts to enhance the health, healthcare delivery, and research enterprise within the U.S.

Dr. Fridsma will be working closely with AMIA's Board of Directors this spring and summer to update AMIA's strategic plan and ensure that we remain a strong and vibrant organization that provides not only value to the field, but impact on the lives of those around us. He brings a well-informed perspective from the practitioner, policymaker, and investigator points-of-view to help define not only what informaticians know, but also what informaticians do to transform health and healthcare.

For more information

AMIA

4720 Montgomery Lane, Suite 500
Bethesda, MD 20814, USA

Tel: 301 657 1291

Fax: 301 657 1296

E-mail: mail@amia.org

Website: www.amia.org

Twitter: [@AMIAinformatics](https://twitter.com/AMIAinformatics)

LinkedIn: Official Group of AMIA

Facebook: American Medical Informatics Association

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

Alexander Hörbst¹, Alfred Winter², Anne Moen³

¹ EFMI Press and Information Officer, UMIT - University for Health Sciences, Medical Informatics and Technology, Research Division for eHealth and Telemedicine, Austria

² EFMI Secretary, Leipzig University, Institute for Medical Informatics, Statistics and Epidemiology, Leipzig, Germany

³ EFMI President, University of Oslo, Institute for health and society, Faculty of Medicine, Norway

Objectives

The European Federation for Medical Informatics Association (EFMI) is the leading organisation in medical informatics in Europe as a federation of national societies in 30 countries. EFMI is organized as a non-profit 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 Informatics and all disciplines concerned with Health 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

As already been stated, 32 countries have joined the Federation, and the current membership includes Armenia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, 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, 9 organisations have become institutional members of EFMI: 2 universities, 4 industrial companies and 3 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. 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 contribute to organize topic specific workshops, tutorials and seminars, in the EFMI series and elsewhere.

Medical Informatics Europe Conferences (MIE)

So far 26 MIE conferences (Medical Informatics Europe) have been organised by the national members and EFMI, with up to more than 1000 participants. The conference includes per-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 MIE conferences.

Medical Informatics Europe Conferences were held 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), Pisa (2012), Istanbul (2014) and Madrid (2015).

The next MIE conference will be organized in Munich in 2016.

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 actively involved
- 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), Prague (2013) and Budapest (2014).

The STC2016 will be organised in Paris.

Publication

Publication of the conference proceedings of the EFMI conference series is done in close co-operation with IOS Press in its Medline indexed series "Health Technology and Informatics" for the last years. In recent time, EFMI has taken the decision to make their conference proceedings available through open-access. A selection of outstanding papers from the EFMI conferences are regularly published in Special Issues in the Journal *Methods of Information in Medicine*.

In addition to the already mentioned *Journal Methods of Information in Medicine*, EFMI has two further official journals, the *European Journal of Biomedical Informatics* and the *International Journal of Medical Informatics*.

Communication

Starting in 2013 the EFMI information system was completely revised and the old system replaced. Amongst other things, this included an adaption of the underlying information system concepts to the current needs of the EFMI members as well as a relaunch of the EFMI website. EFMI is currently running an up-to-date information system to support external and internal communication as well as the collaboration of EFMI members and working groups. The system is exclusively based on open-source solutions. In 2014 the decision was taken to start an EFMI facebook-site, which is currently extended and linked to other EFMI content.

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

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University of Oslo
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431 69 Molndal
Sweden

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University Hospitals of Geneva and University of Geneva
Division of Medical Information Sciences
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Alexander Hörbst
UMIT - Private University for Health Sciences, Medical Informatics and Technology
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