# A Call to Action

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### **IMIA Presidency**

My time as President of the International Medical Informatics Association (IMIA) is quickly coming to an end and I will turn over the gavel to Prof. Sabine Koch at the end of MedInfo, in Lyon, France, in August of this year [1]. Relinquishing the office will be bittersweet. While I tremendously enjoyed working with IMIA's CEO and admire and appreciate the many dedicated volunteers on the IMIA Board of Directors and in the working groups of the organization, it also has been a challenging time due to effects of MedInfo 2017.

The task of standing up the new Academy (The International Academy of Health Sciences Informatics) was complex and I wanted to take the opportunity to thank the transition team of Drs. Shashia B Gogia, Carola Hullins, Sabine Koch, Anne Moen, and Brigitte Séroussi, who assisted in the planning and execution of the first board election for the new Academy. The new Academy now operates with its own leadership under the presidency of past IMIA President Prof. Reinhold Haux. The Academy has already passed its bylaws and has begun to elect the second class of fellows.

### MedInfo 2019

A big appreciation and my gratitude go to all of you. Due to your efforts, MedInfo 2019 in Lyon is shaping up to be an amazing event. You submitted a record-breaking number of submissions: Over 1,100 contributions from 63 countries in five tracks. Patrick Weber as the Vice President MedInfo and Oliver Bodenreider and Michael Marschollek as the Scientific Program Co-chairs have worked tirelessly for over

two years with Jean-Marie Rodrigues from the Local Organizing Committee and the French Association d'Informatique Médicale to bring you a marvelous conference and an outstanding program. We will have ample opportunity to share our research, exchange ideas, and enjoy the hospitality of France. Growing up in Germany, when life was perfect and wonderful, we used to say: It is "Living like God in France." I believe that all of us will be "Gods in France" this summer and we will be in for a wonderful experience. I look forward to seeing so many of you this year in Lyon.

### **Call to Action**

Passing on the responsibility of the office, I want to take one last opportunity to use the bully pulpit of the President's office. Talking about our pending experience in Lyon reminded me how fortunate we are to be able to organize, travel to, and participate in such events. And it led me to think about the less fortunate among us, who do not travel for pleasure and business, and how we as a society can help them.

The last decade has seen some unprecedented worldwide migration. War, famine, violence, poverty, natural disasters, and persecution have mobilized millions of people. According to the United Nations, by 2017 the number of international migrants had increased to 258 million from 173 million in 2000. Ten percent of the migrants are refugees and asylum seekers (25.9 million in 2016). The average age of migrants in 2017 was 39 years [2]. Many of the migrants, who are refugees and asylum seekers, left their homes with the bare minimum of possessions only to endure dangerous and arduous journeys. These

refugees were unlikely to pack medical records or immunization documentation, which may have a detrimental effect on their health and care.

While many countries are working to exchange health information within their country to improve care accuracy, reduce costs, and improve safety, little effort exists internationally to exchange health information. Data flow seems to stop for the most part at borders to the detriment of migrants, who tend to be a medically vulnerable population. We know electronic health records and health information exchange can make a difference: When Hurricane Katrina devastated New Orleans in August 2005, resulting in mass evacuation, the Veterans Administration's electronic health record system supported continuity of care for evacuated veterans allowing physicians to access important data such as problem, allergy, and medication lists as well as other relevant information [3].

One of the goals of the International Medical Informatics Association is to leverage information to improve the health and wellbeing of patients globally. Who better than IMIA to explore what is required to have medical and health information flow across borders and assure that the right information is available in the right place, where the patient resides? Clearly, there will be many technical, cultural, and language obstacles as we recently learned from an EHR implementation in Denmark [4], but the biggest challenges will be political and legal in nature, linked to the different privacy requirements in various countries. So, I am inviting and challenging our community to start thinking and exploring how International Health Information Exchange can be solved. I can't wait to hear your suggestions and proposals at MedInfo 2021 in Australia.

Lehmann

# Closing

It has been a tremendous honor and privilege to serve as President of IMIA. Looking at my predecessors, I had very big shoes to fill. It has been wonderful to make so many new friends across the globe and to have the opportunity to work with you. I am grateful to all of you for the opportunity.

#### References

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