

Information on IMIA Regional Groups

APAMI

Regional Representative's Report

1. Membership of APAMI

There has been no change on the membership of APAMI during the year. The current member societies are: Australia, China, Hong Kong, India, Japan, Korea, Malaysia, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, and Vietnam.

2. APAMI Conference 2009 in Hiroshima

APAMI conference was held in Hiroshima, Japan, in 22-24 November. It was held in the same venue (Hiroshima Peace Memorial Conference Center) with IMIA WG4 (Security) and Japan's national medical informatics conference JCM129. APAMI 2009 had 160 non-Japanese participants (Japanese participants are registered to JCM129, 2200 participants). All APAMI2009, JCM129, and IMIA WG4 conference participants were allowed to all sessions.

APAMI2009 had 32 oral presentations and 67 posters. Special sessions comprised; APAMI president's theme panel "What are medical records for?", APAMI-EFMI-AMIA handed round session "GRID", APAMI WG's sessions by "Nursing Informatics", "Decision Support", and "Standardization", also "Security" session with IMIA WG4, "Fostering Human Resources", "Patient Safety" sessions with JCM129. Proceedings can be seen in APAMI HP.

Next APAMI2012 venue will be selected later in 2010.

3. APAMI General Assembly

In Hiroshima on 22 November 2009, general assembly was held with 25 participants from 11 member societies, where each society's activity was reported. Handover of presidency of APAMI was approved. New executives are Michio Kimura (President, Japan),

CP Wong (Treasurer, HK), I-Jen (John) Chiang (Secretary, Taiwan). Vice president, which is to host next APAMI 2012 will be decided on the decision of APAMI 2012 hosting society member.

The largest update given by CP Wong was that APAMI is finally going to have a legal status in Hong Kong. The final documenting was finished at Hiroshima.

4. Reported Activities in the APAMI Region

Hong Kong by CP Wong and NT Chueng

The Hong Kong Society of Medical Informatics HKSMI continued to support the Hong Kong Government and local communities in various aspects related to the development of eHealth, electronic health record systems and health informatics education.

The Hong Kong Government approved a substantial amount of investment (HK\$702 million) to kick-start a 5 year project on a territory wide sharable electronic patient-oriented medical records system. An EHR department was set up in July 2009. A 10 year plan was pledged.

Hong Kong was accepted by HL7 International as an HL7 affiliate in October 2009. Preparatory works in board composition and constitution were in place.

The eHealth Consortium, founded by the HKSMI held a very successful eHealth Forum in October and attended by more than 800 participants. An MOU was also signed in Beijing in January 2010 between eHealth Consortium Hong Kong and CHIMA (China Medical Information Management Association) with a will to set up a consortium linking China, Hong Kong, Macau and Taiwan health informatics professionals. A 2011 Greater China eHealth Consortium Conference is planned."

The Hospital Authority is now in year 2 of the Clinical Management System (CMS) Phase III project, which aims to totally redevelop the CMS for

all the public hospitals and clinics in Hong Kong using a modern n-tier, services oriented approach".

New Zealand by Jim Warren

This is being an eventful year in the sector as a whole, first with significant explorations by DHBs toward major changes in their IT infrastructure, and now with the Horn report calling for significant change in the national end of the sector. Something I take heart in is, despite the global economic crisis, the level of engagement we have seen in our seminar series, and now the level of engagement in the annual conference and exhibition – with a record number of paper submissions, solid attendance (still counting at the time this is written – may be a record), and record registration in the vendor exhibition. This shows that there is a groundswell of energy in Health Informatics that will not be quashed by the turbulence in the ambient environment. This energy is no doubt driven from the urgency to deal with the pressures of an ageing population, chronic condition management and stresses on the healthcare workforce (nonetheless the healthcare budget). I believe it is also driven by the perception of pure opportunity in health IT – the chance to do things better and smarter. At any rate, the energy is there.

Philippines by Alvin Marcelo

The Philippine Medical Informatics Society Inc., through its members at the University of the Philippines Manila - National Telehealth Center, has embarked on an international training program on eHealth Project Management for Open Source Electronic Health Records. The program aims to systematically develop health professionals from users to implementers to designers and architects. Through the use of OpenMRS (www.openmrs.org) and the Community Health Information Tracking System (www.chits.ph), participants are gradually introduced to increasing levels of eHealth complexity

allowing them to join an international community of a standards-based EHR'. Special interest groups on HL7, ISO and SNOMED have been formed to determine applicability to the local health environment.

Taiwan by Jack Li

Besides annual conferences of medical informatics, there are many more activities on e-health and telehealth for the aged and long-term care. One recent \$200 million USD initiative on EHR is to fund all the hospitals in Taiwan that will pass the accreditation of "paperless" EHR. One of the major requirements is to have digital signature on all the EHR and compliant to an interoperable standard format. Larger initiative will also be announced to promote the use of medical Cloud Computing and telehealth.

Japan by Michio Kimura

As reported, JAMI's annual JCMI was held in Hiroshima, 22-25 November in conjunction with IMIA WG 4 and APAMI 2009. Also JAMI hosted IMIA's Board meeting and General assembly on 24 and 25 Nov. Total participants of these three conferences are more than

2300 from 18 countries and regions.

Japan MOH's regional healthcare revitalizing fund was approved in total of little less than 100 billion yen(1B\$). About 20% of them are to be invested into Health IT. Supporting this, MOH has approved 7 standards as "Ministry approved", which include HL7 v2.5, DICOM, ICD based disease classifications, Drug name code, IHE ITI PDI (Portable data for images), MFER (waveform data) HL7 CDA R2 based referral document.

5 Activities of Working Groups

There are 4 working groups in APAMI. Standardization (chaired by YunSik Kwak, Korea), Nursing Informatics (Chaired by HyeungAe Park, Korea), Decision Support (chaired by Yoon Kim, Korea) and Developing Countries (chaired by HM Goh, Malaysia). Standard WG sent a report.

WG1, Standardization (Chair: Dr Yun Sik Kwak) has primarily been working throughout APAMI Region to promote awareness of the Health Information Technology Standards over the past 4 years. In 2009 WG1 has held

two separate education sessions during HIMSS-Asia Pacific 2009 at Kuala Lumpur, Malaysia, the first on "Global Interoperable EHR Standards" on February 25, 2009 and the second on "Introduction to HL7 Messaging standards including CDA" on February 26th. And a two-hour "Interoperable e-Health Standards" Workshop was presented at Hiroshima, Japan during APAMI 2009 Conference on November 22, 2009.

In addition, during HL7-Taiwan 2009 Asia Pacific Annual HL7 Conference "Sustainable and Interoperable e-Health Standards" was presented on October 4, 2009 in Taipei.

APAMI Web Site

<http://www.apami.org>

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Helina

Report on IMIA's African Region

HELINA Secretariat, Governing Board and General Assembly

The registration process of HELINA under the Malian law is finalized and has been approved by the Malian Ministry of territorial administration and the bylaw act shall be delivering to HELINA. HELINA office is planning to hold win-win meetings with colleagues from other IMIA regions during the MEDINFO 2010 in Cape Town, South-Africa. This first MEDINFO in African continent should pave the way to further major health informatics event in Africa. The environment will be used to finalize a HELINA strategic paper for the development of health informatics in Africa. HELINA office

is currently involved in some capacity building project that will be implemented in Africa. The office will pursue working partnerships with organizations working on eHealth in Africa.

Activities in HELINA Region

The National societies from Mali (SOMIBS) and Cameroon (CAHIS) have organized their national conferences which took place in Bamako (09.11.26) and Yaounde (09.11.28) respectively.

The National society from Côte d'Ivoire (SIBIM) is working on the organization of their eHealth national conferences which will take place in Abidjan from June 1st to June 4th, 2010.

The national societies of Malawi and Cameroon have organized local activities to foster adhesion to Medical Informatics in their countries.

The Regional East African Center for Health Informatics (REACH) in Eldoret Kenya and the Indiana University School of Medicine have started a fellowship in health informatics for citizens of East Africa. This bilateral initiative focus on the capacity building will contribute to increase the number of African leaders in Health Informatics capable to develop local curricula and solutions.

Many activities focus on the implementation of electronic health records in Africa.

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IMIA-LAC

The Latin-American and Caribbean Federation of Health Informatics

Advances related to IMIA-LAC Goals

In order to develop health informatics within the region and strengthen regional ties, the current IMIA-LAC Board had proposed two goals:

1. Strengthen the network of Health Informatics Societies in Latin America and the Caribbean (LAC)

The countries from LAC are currently underrepresented in IMIA-LAC and in IMIA.

A new country, Venezuela, joined IMIA in December 2007 and Chile has created a new society in January 2008 and is expected to join IMIA and IMIA-LAC in the next General Assembly. Other countries started to have a better integration among the different health informatics groups within the country in order to participate in IMIA-LAC activities, such as Argentina. Yet other countries started a process of coordination that will eventually lead to the creation of a health informatics society, such as Peru, Mexico and Colombia. Mexico is in the process of recreating the "spirit" and infrastructure of the former Society and be able to host the next InfoLAC in 2011.

There seems to be more interaction among countries, given by the active electronic exchanges and by the participation in scientific conferences. Some examples are the Cuban Health Informatics Conferences in February and 2009, the Uruguayan Health Information Standards Conferences held in September 2007, 2008 and 2009 and the Brazilians National Congress (PEP) 2009, which attracted many attendees from the region and abroad. There were other new national conferences, such as a Congress in Peru, held in December 2007.

The Brazilian National Congress (PEP) 2009 also hosted the Board Meeting of IMIA-LAC in November 2009.

2. Define the main topics to promote and the groups in charge of doing it

The main topics selected were:

- a. *Health informatics education* (for both users and experts).
- b. *Health information systems* (and within this topic, adoption of standards, legal and regulatory bodies for each country, and organizational change).

Since IMIA-LAC did not want to exclude other interests within the broad discipline of health informatics, if there were more topics of interest for participants, other groups would be created.

The two central working groups (health informatics education and health information systems) were created, coordinated by Argentinean, Brazilian and Cuban experts, with participation from several countries of the region.

The *IMIA-LAC working group on health informatics education* has had an active role in the coordination of the IMIA Education Working Group meeting that took place in Buenos Aires prior to the Regional Congress. See: <http://www.hospitalitaliano.org.ar/imiaiwged/>

Another important activity of this Working Group was to facilitate 26 Cuban people of the National Ministry of Health to take the 10x10 (Italian Hospital, AMIA and OHSU) in Spanish. It is currently running and expected to finish in December 2009.

IMIA-LAC leadership has been important in the coordination of the Rockefeller Foundation seminar on eHealth Capacity Building, centred in Health Informatics Education, also a central topic in our agenda. See concurrent report on the Seminar and more information in: <http://www.ehealth-connection.org/>, week 2 (Capacity Building).

So far there are people from Argentina, Brazil, Peru and Uruguay participating in the Global Partnership Program Steering Committee and Subcommittees. This planning grant was awarded to AMIA by the Bill and Melinda Gates Foundation.

To-do List

There are many things to be done in order for this reactivation of IMIA-LAC to be more permanent. The first priority is to accomplish established goals, such as more countries having their health informatics societies: a successful sequence of Regional Congresses in the region every three years (or a year after MedInfo) and more active working groups are also necessary.

The coordination among countries is still fragile, there needs to be a long-term work towards creation of a social network among regional health informatics leaders in order to have a permanent collaboration. IMIA-LAC plans to have yearly face-to-face meetings of its leaders and Annual Meeting of the IMIA-LAC Board Federation, in conjunction with one of the national conferences, along with permanent electronic communication and bilateral collaborations already in place.

There needs to be a budget to support several activities, such as secretarial work, the web site, distance education proposals and travel expenses to create the social network among national leaders and with other IMIA Countries and Regions. InfoLAC and other activities might collaborate with this goal.

There is still room for more coordination with AMIA, SEIS, EFMI, APAMI, Helina, among others. Collaboration with other countries is important for our region, in such a fast-moving discipline.

There is need to review and improve the formal existence and by-laws of IMIA-LAC. The improvement of the formal existence of IMIA-LAC is not the end-point but a means to better achieve the expected results. This has been accomplished during 2009, under the leadership of Dr. Fernán Quirós from Argentina, with collaboration from the Cuban delegates, particularly MSc María Vidal and Eng. Alfredo Rodríguez.

This point has been critical for the foundation of a new legal status of IMIA-LAC, voted in Sao Paulo last week, and will generate more active participation of local leaders in the region.

So there is much to be done in the next five to ten years, and a series of IMIA-LAC Boards will need to take this responsibility in order to develop the region.

Report compiled by Fernán Quirós and Alvaro Margolis

IMIA-LAC website

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

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Appendix: Regular Meeting of the Federation Assembly IMIA-LAC

Sao Paulo, November 5, 2009

Attending: Dr. Heimar Marin and Dr. Lincoln Moura (SBIS, Brazil), Dr. Fernan Quirós (AAIM, Argentina), Dr. Osman Argüello (AVIS, Venezuela) and Dr. Alvaro Margolis (SUIS, Uruguay).

Not attending delegates from Cuba and Chile.

Item 1: IMIA-LAC Bylaws

Dr. Margolis says IMIA-LAC is seeking to have a more active interaction between national representatives of the region as do the Federations of Europe and Asia Pacific.

Dr. Quirós made a presentation to the characteristics of that statute. It was approved by the Associations in Argentina, Chile, Cuba, Uruguay, Venezuela and by Brazil at the Regular Meeting of the Society that day.

Item 2: Election of new authorities of IMIA-LAC

Dr. Lincoln Moura proposes to Dr. Fernán Quirós as President of IMIA-

LAC, and Dr. Osman Argüello as Treasurer. It is proposed that the Chilean Society name the Secretary of the Federation, so to have a geographical proximity, desirable, between the President and Secretary. The proposal from Dr. Moura is accepted by all attendees. The new authorities will start their three-year term in September 2010, during Medinfo.

Item 3: INFOLAC 2011

We discussed the venue, so the same selection and contractual terms between the National Society and the Federation. The first proposal that arises is Mexico to help this country to resume their national society. If Mexico is not a valid option, other countries in the region will be asked to apply as host.

Item 4: Scientific Journal for IMIA-LAC

It is proposed that IMIA-LAC uses the Journal of Health Informatics, published electronically by SBIS (online and quarterly), as the official journal of the Federation. It accepts papers in Portuguese, Spanish and English. This request will be sent to the SBIS.

MEAHI

Middle East Association of Health Informatics

The Middle East Association for Medical Informatics (MEAHI) is IMIA's newest region; its formation was approved at the IMIA General Assembly meeting in Hiroshima, Japan in November 2009. The formation of MEAHI has been spearheaded in particular by Prof. Hiroshi Takeda, IMIA VP for Special Affairs, and Dr Ramin Moghaddam, IMIA representative from the Iranian Medical Informatics Association. Dr Ramin Moghaddam has been approved as the new region's first president and will be its representative to the IMIA Board.

MEAHI's membership will be congruent with that of the World health Or-

ganization's Regional Office for the Eastern Mediterranean (WHO-EMRO). MEAHI aims to be the premier professional association to facilitate continuous quality improvement in health, and to advance and advocate the use of information and communication technologies at every level in the delivery of healthcare and medical services in the Middle East region, specially in the countries within WHO-EMRO.

Work on the formation of MEAHI has included meetings and conferences in Dubai, UAE, Beirut, Lebanon, Riyadh, KSA, Tehran, Iran. The most recent meeting was at the Third Middle East Conference of Health Informatics, organised by the Lebanese Medical Informatics Association and held in Beirut, Lebanon in March, 2010. MEAHI and the regional IMIA member societies will be organising activi-

ties to strengthen and support health and biomedical informatics in the region. They will promote health and biomedical informatics education and training at all levels, will connect academia with industry and governments, and assist in the coordination of activities with international organizations and institutes. MEAHI will work towards a strategic plan and vision of "Better Health Through the Better Information: The Agenda for the Middle East 2012 and beyond."

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North American Medical Informatics (NAMI)

Health Informatics in Canada

COACH: Canada's Health Informatics Association

COACH: Canada's Health Informatics Association provides access to a diverse community of accomplished, influential professionals who work passionately to make a difference in advancing healthcare through information technology. The field of health informatics (HI) is the intersection of clinical, IM/IT and management practices and is helping to modernize healthcare. Our 1,500+ members are dedicated to realizing their full potential as professionals and advancing HI. COACH embraces these goals and provides access to the information, talent, credentials, recognition and programs needed for HI in Canada. COACH offers a broad range of services for networking, forums, information and best practice sharing, peer awards, national conferences and professional development, including specialized career resources and professional certification. Now in its 35th year as the national association for HI, COACH continues to develop significant and exciting initiatives to provide leadership in the evolution of HI as a profession in Canada and fully realize the vision of taking health informatics mainstream.

COACH continues, in conjunction with the Canadian Institute for Health Information (CIHI), to host the largest annual Canadian e-Health conference. COACH and ITAC Health also co-host the annual Canadian Health Informatics Awards (CHIA) program that recognizes achievement and contribution in the HI community through a growing number of personal, project and company-based awards.

Professionalism

COACH targets the growth and responsible development of Health Infor-

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

The latest COACH initiatives include:

- **HIP™ Role Profiles**

This unique resource provides high-level outlines for the 65 job titles on the COACH Career Matrix, including main responsibilities and some of the key competencies and qualifications required. Based on 500+ real jobs, it applies to both public and private sector roles and includes new and emerging roles. *Role Profiles*, released in late 2009, is already being used in career and human resource planning as the type of systems-based resource that is essential to the successful implementation of the electronic health record (EHR) system in Canada. It can be downloaded from www.coachorg.com.

- **CPHIMS-CA**

This first professional credential for Canadian HI professionals is available through a partnership between COACH and the Healthcare Information and Management Systems Society (HIMSS). The credential is awarded to eligible candidates who successfully complete both the CPHIMS Exam and Canadian Supplemental Exam, developed by COACH. Clinicians, employers, vendors, academics and other stakeholders have praised the creden-

tial as a long overdue resource in the profession. Visit www.coachorg.com/CPHIMS-CA for details.

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

Other important initiatives are being developed through these programs. Watch for more career path tools to help employers identify skill gaps and resource requirements and aid employees in identifying the training and/or education they need to fulfill career goals. Next steps include an interactive resource based on *HIP™ Role Profiles*. COACH also works closely with colleges and universities to promote HI programs and ensure the necessary core competencies are integrated into curriculums.

COACH's professionalism program is grounded in two cornerstones – *Health Informatics Professional Core Competencies*, a copyrighted COACH document available at www.coachorg.com, and COACH's 10 Ethical Principles, published as an appendix in *Core Competencies*. The 46 core competencies – knowledge, skills and capabilities – which professionals in the multidisciplinary HI field need to share to work together effectively are identified in *Core Competencies*. The following definition is another key element:

Health informatics (HI) is the intersection of clinical, IM/IT and management practices to achieve better health.

The Career Matrix, the first illustration of the full spectrum of career possibilities in Canadian HI, is another important part of the document. In addition, the HIP™ Competency Framework diagram reflects the three source practices that intersect to form the HI core body of knowledge, the seven more specialized bodies of knowledge and their advanced competencies and the core competencies that are achieved when the three source disciplines intersect.

As part of its commitment to advancing the profession, COACH partnered with Frontline Informatics to make the

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

Excellent work, started in 2007, also continues with another key stakeholder group, the Canadian Society of Telehealth (CST). COACH formed an alliance with CST to further advance the integration of telehealth with the full e-health and EHR capability that is being rolled out across Canada. The evidence of the effectiveness of this alliance can be seen in the quoted results of a joint COACH, CST and Canada Health Infoway, Inc. workshop on the convergence of telehealth and e-records.

In 2010, the evidence of convergence continues with the April 1 formal merger of COACH with CST, providing all members with greater capacity, coordinated services, a stronger voice and increased clinical focus. The merger builds on the organizations' shared vision of telehealth and HI professionals' critical roles in transforming Canada's healthcare system to meet the increasing demands on it. By joining forces COACH and CST are able to take maximum advantage of their natural synergy and economies of scale to better serve members, stakeholders and the broader Canadian health sector.

Privacy & Security Guidelines

COACH has long contributed to the development of standards for the protection of health information in Canada. COACH's *Guidelines for the Protection of Health Information* was originally published in 1995 and the first online edition was released in 2004. The 2009 edition is the largest and most comprehensive health information privacy, security and confidentiality resource for the HI community across Canada and indeed is considered useful in the international HI community.

The *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. The 2009 edition, offering more content about electronic health, medical and personal health records (EHR, EMR, PHR), continues to reflect the realities and evolving requirements of the HI industry as major initiatives and implementations increase use of the EHR.

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

COACH also offers a program to provide assistance to provincial and territorial jurisdictions across Canada charged with the implementation of privacy legislation. The program provides for the purchase of a "license" by a jurisdiction to use the *Guidelines* content for the implementation of its own program through the development of policies, controls, resource information and training programs for all those responsible in that jurisdiction – employees, contractors, physicians, pharmacists, etc. International jurisdiction licenses for the *Guidelines* are also available.

e-Health Conference

One of COACH's most successful programs is the annual e-Health conference, presented in partnership with CIHI. The largest Canadian education,

trade show and networking event for IM, IT, clinicians, telehealth and other healthcare professionals, e-Health 2009 attracted more than 1,500 members of the HI community. e-Health 2010: *From Investment to Impact* will take place in Vancouver May 30 - June 2, 2010. The conference covers the e-Health gamut – information, solutions, implementations, technology, innovations, impact and more. More than 85 hours of education are provided in the nine-track program covering New Models of Care – Interdisciplinary Care, Patient Self-Management and Telehealth; Developing Capacity – Building Readiness for Adoption and Strategies to Address e-Health Capacity (workforce, technology, vendors) and Measuring and Accelerating Impact – School of Hard Knocks, Patient/Provider/System Impact and Outcomes Achieved and How to do Benefits Realization.

Standards

COACH continues to be an active participant in the development and implementation of international standards for health information as the key to EHR initiatives in Canada and worldwide. Many COACH members are actively involved as volunteers including, in several cases, chairing key groups of the Infoway Standards Collaborative of Canada (ISC), such as ISC working groups and strategic, coordinating, technical and clinical committees. ISC is a fully harmonized standards group covering all HI-related standards development organizations (SDO), including ISO Technical Committee 215 on Health Informatics (ISO/TC215), Health Level 7 (HL7), International Health Terminology (IHT) and DICOM.

Internationally, COACH members and staff participate on the Canadian Advisory Committee ISO/TC215 and also attend, lead or develop standards with ISO/TC215, HL7 and IHT SDOs. Don Newsham, COACH CEO and Past President, Grant Gillis, Dennis Goikas, Kathryn Hannah, Dr. Marion Lyver,

Michael Nusbaum, Julie Richards, Derek Ritz and Ron Parker are just a few of the COACH participants. COACH, a primary source of experts contributing to standards development, appoints, in conjunction with the Canadian Health Information Management Association (CHIMA), representatives to ISC strategic, coordinating and clinical committees. COACH is a strong expert source, advocate and partner in advancing HI standards in Canada.

Growth

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

The organization operates with a most capable management team, led by CEO Don Newsham. Alison Gardner, Director, Programs, plans, develops and helps launch new and enhanced programs and services. Heather Jones, Executive Director, CHIEF: Canada's Health Informatics Executive Forum, leads targeted programs for CIOs and senior HI executives. Alison, Heather and Don work with the strong association management firm of Base Consulting and Management Inc., including Shannon Bott, Executive Director, Operations. And, as of April 1, 2010, John Schinbein will join the COACH management team as Executive Director, Canadian Telehealth Forum (CTF). The entire team is fully focused on advancing HI practices and professionalism through enhanced services to members, a defined and understood profession, a well communicated and valued program, a growing thought leadership capability and an effective, sustainable organization.

Related Organizations

Canada Health Infoway

www.infoway-inforoute.ca

Canadian Institute for Health Information (CIHI)

www.cihi.ca

Canadian Nursing Informatics Association (CNIA)

www.cnia.ca

Canadian Health Information Management Association (CHIMA)

www.echima.ca

Canadian Medical Association

www.cma.ca

Canadian Healthcare Association

www.cha.ca

Healthcare Information and Management Systems Society (HIMSS)

www.himss.org

ITAC Health

www.itac.ca

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Biomedical and Health Informatics Activities in the United States

AMIA – the Professional Home of Biomedical and Health Informatics

AMIA is the professional home for biomedical and health informatics. AMIA is dedicated to promoting the effective organization, analysis, management, and use of information in health care in support of patient care, public health, teaching, research, administration, and related policy. AMIA's 4,000 members advance the use of health information and communications technology in clinical care and clinical research, personal health management, public health/population, and translational science with the ultimate objective of improving health.

For over thirty years the members of AMIA and its honorific college, the American College of Medical Informatics, have sponsored meetings, edu-

cation, policy and research programs. AMIA members encompass an interdisciplinary and diverse group of individuals and organizations that represent over 65 countries. Individual members include:

- Physicians, nurses, dentists, pharmacists, and other clinicians
- Researchers and educators
- Advanced students pursuing a career in informatics
- Scientists and developers
- Government officials and policy makers
- Consultants and industry representatives
- Standards developers

AMIA is governed by a Board of Directors and calls upon its members to serve in volunteer roles on task forces, committees, and working groups. The AMIA office is led by the President and CEO who works with a professional staff to manage AMIA's programs and services. AMIA publishes a scholarly journal, the *Journal of the American Medical Informatics Association*, proceedings of its meetings, a member newsletter and daily digests of syndicated news within the field. In 2010, AMIA begins a new publishing contract with the BMJ Group, the affinity publisher of the world renowned BMJ to publish our own journal, JAMIA. JAMIA is now associated with the strong, international brand of the BMJ with a reputation for ethical, pioneering publishing. JAMIA is among a select group of high quality international journals in the BMJ Group.

AMIA holds several meetings each year. Our College of elected fellows meets early in the year, followed by the Summits on Translational Science in March, the AMIA Now! meeting in May (formerly the Spring Congress), an Academic Forum meeting in the summer and our two fall meetings, the Health Policy Meeting, and our signature event, the AMIA Annual Symposium.

The U.S. government frequently calls upon AMIA as a source of informed,

unbiased opinions on policy issues. In 2009, AMIA and its leaders were instrumental in crafting some language for the American Recovery and Reinvestment Act (ARRA) which is intended to support widespread deployment and utilization of HICT, including availability of EHRs for all US citizens. AMIA continues to support education and training to meet these initiatives including drawing upon its success with the 10x10 program.

AMIA, with support from the Robert Wood Johnson Foundation, took another step toward addressing the need for certification in clinical informatics. In late 2009, AMIA received notice from the American Board of Preventive Medicine that they will be submitting a proposal to offer a new subspecialty certificate in Clinical Informatics. The proposal has been completed and we anticipate that this new subspecialty will be available to all ABMS Member Boards diplomates who meet the education, training, and practice requirements. AMIA leadership was excited by this news since it will help us with the next step in the process which is to bring the various disciplines involved in clinical informatics to a common understanding with respect to advanced training and certification. AMIA continues to draw upon nursing's leadership since they have the most experience in informatics certification processes. Through an advanced inter-professional clinical informatics certification (AIIC), AMIA will complement its work with the medical specialty certification.

AMIA's Global Partnership Program (GPP) is being developed to address shortcomings in the HICT systems of low resource countries by fostering the capacity of local institutions to widely introduce EHR systems. Through the GPP, AMIA, in collaboration with

IMIA and other partners and with support from the Bill and Melinda Gates Foundation, is leading a team of experts to develop scalable approaches to eHealth education and help address the growing need for a global informatics workforce and scholarly network. The project aims to educate and train a new generation of leaders by linking them and their institutions to partner institutions affiliated with AMIA and others in the network. We anticipate that there will also be valuable "lessons learned" in training and education for capacity building and managing high-quality, low-cost health care low resource countries. Academic institutions and stakeholder organizations are forming a network of experts to improve health outcomes using a coherent strategy, local leadership, and effective ICT infrastructure. Formal educational programs, combined with policy-level seminars aimed at national leaders, will create momentum for sustained commitment.

The GPP goal is to move from silos focused on subpopulations or infectious diseases to coherent systems. Activities include bidirectional movement of Fellows, electronic health record (EHR) implementation team members, faculty mentors, and trainers to build collaborative relationships between higher-education institutions, to mobilize support from decision makers/ beneficiaries, and to facilitate organizational change. Expected outcomes include increased sustained use of EHR systems and related/supporting technologies in low resource settings; core curricula and competencies; a cadre of innovative leaders and trainers in ICT, informatics research, and practice; and leadership continuity in the implementation and diffusion of EHR systems through an integrated partner network. We especially seek to

facilitate better management of healthcare resources leading to equitable access, better quality, and more efficient care in low resource settings.

AMIA continues to work closely with IMIA education and training on the Health Informatics Building Blocks (HIBBs) project with support from the Rockefeller Foundation. AMIA convened a group of subject matter experts in London in December 2008 for a planning meeting. Prior to the December 2008 planning meeting, AMIA distributed briefing materials to participants and established a password protected wiki for materials developed during the meeting. During the meeting, AMIA asked participants to review and refine the HIBBs concept in the context of the August 2008 Bellagio meeting on building e-health workforce capacity, and discuss key elements of a plan for developing, implementing, and sustaining HIBBs. A grant application proposal to implement HIBBs in 2010 has been submitted to the Rockefeller Foundation.

2009 was a busy year for AMIA with a transition in our President and CEO position when Don E. Detmer handed over the reins to Edward H. Shortliffe. Shortliffe spent the first six months of 2009 studying AMIA's programs and is now fully immersed in the role as AMIA's leader and spokesperson. In 2010, we look forward to new volunteer leadership with Nancy Lorenzi assuming her two year term as AMIA's Chair of the Board of Directors.

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EFMI

The European Federation for Medical Informatics (EFMI) is the leading organisation in medical informatics in Europe and represents 31 countries. The objectives when founded in 1976 were:

- To advance international co-operation and dissemination of information in Medical Informatics on a European basis;
- To promote high standards in the application of medical informatics;
- To promote research and development in medical informatics;
- To encourage high standards in education in medical informatics;
- To function as the autonomous European Regional Council of IMIA

Activities

All European countries are entitled to be represented in EFMI by a suitable Medical Informatics Society. The term medical informatics is used to include the whole spectrum of Healthcare Informatics and all disciplines concerned with Healthcare and Informatics. The organisation operates with a minimum of bureaucratic overhead and each national society supports the Federation by sending and paying for a representative to participate in the decisions of the Federation's Council. Also, and again to reduce overhead, English has been adopted as the official language, although simultaneous translation is often provided for congresses in non-English speaking countries. Information about EFMI and EFMI related activities can be obtained via the website: <http://www.EFMI.org>

Countries

Currently, 31 countries have joined the Federation, and are named as Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Moldova, The Netherlands, Norway, Poland, Portugal, Romania, Rus-

sia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and United Kingdom. Applications are open to representative societies in countries within the European Region of WHO.

EFMI is open for institutional membership. Typical institutions are universities, research organisations, federations, industries (large medium and small), and organisations which will support the goals of EFMI. Currently, 16 organisations have become institutional members: 2 universities, 9 industrial companies and 5 not for profit organizations.

Congresses and Publications

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

MIE conferences

So far 22 MIE congresses (Medical Informatics Europe) have been organised by EFMI with up to more than 1000 participants. The concept includes reviewed presentations according to the type of paper as oral or poster presentation. Workshops and tutorials prepared or supported by the EFMI working groups are an essential part of EFMI MIE conferences. These have taken place in Cambridge (1978), Berlin (1979), Toulouse (1981), Dublin (1982), Brussels (1984), Helsinki (1985), Rome (1987), Oslo (1988), Glasgow (1990), Vienna (1991), Jerusalem (1993), Lisbon (1994), Copenhagen (1996), Thessaloniki (1997), Ljubljana (1999), Hannover (2000), Budapest (2002) and St. Malo (2003), Geneva (2005), Maastricht (2006), Gotenburg (2008) and Sarajevo (2009). The next MIE congress will take place in Oslo (2011).

Special Topic Conferences STC

STCs have taken part in Bucharest (2001), Nikosia (2002), Rome (2003), Munich (2004), Timisoara (2006) Brijuni island, Croatia (2007), London (2008) and Antalya (2009). The next STC conference will take place in Reykjavik (2010). For 2011 the preparations for Slovenia have started.

Its concept has the following successful components:

- Organisation by a member society in combination with its annual meeting
- Topic defined to the needs of the member society
- Relevant EFMI Working groups are engaged for the content
- Contributions mostly on invitation
- Small 2-day conference with 100+ participants

The publications in the last years were done in close co-operation with IOS Press and AKA Verlag for the conference proceedings in the Medline indexed series "Health Technology and Informatics" and the International Journal for Medical Informatics and Methods of Information in Medicine for selected papers from the EFMI conferences. The accepted papers for 2008 and 2009 were available from the EFMI-pages for the first time.

As complement for the conference proceedings a new series has been established as CD-ROM publication. The ENMI (European Notes in Medical Informatics), Rolf Engelbrecht, Arie Hasman, György Súrjan (Eds.), continues the tradition of the Lecture Notes in Medical Informatics and follows the demands of different ways of publication.

Communication

EFMI is running the website www.EFMI.org for external and internal communication with some efforts and success. Different Mailing lists and a monthly newsletter for the EFMI council was established. The newsletters are stored also on the web site and can be read from there every time. The EFMI portal is based on open source content management system Joomla. Traditional functions are extended for internal and external news such as council members list, member countries (with additional information), working groups, downloads (council meetings material, reports, presentations, etc.), links, events, and news. There is an

extended news management, RSS news feeder (e.g. from IST programme and Journal for Medical Internet Research into EFMI pages, from EFMI news to WG PPD (Portable personal devices) and the Norwegian society for medical informatics) available. Council members are able to submit news, submit events, to submit files and documents and to do contributions to an internal forum with relevant topics.

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Information exchange was also discussed and agreed with AMIA and IMIA. With Elsevier publisher it was agreed to make available EFMI publications on the EFMI portal. The EFMI portal is well recognised in the medical informatics community. The number of different visitors is above 2000 per month. It is a good basis for the promotion of medical informatics and is prepared to take information from EFMI

members as well. EFMI working groups are the most active part in the life of the federation. The spectrum of activities is as broad as the variety of themes. The reports in this yearbook contain only objectives and the most actual information. For a complete list of past activities please visit the working group descriptions on the EFMI portal (<http://www.EFMI.org>) or on the homepage of the working groups if available.

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