Notes from the Editor
Angelika Haendel ................................................................. 3

The 17th Congress of IFHIMA - Thoughts of the President
Margaret Skurka ........................................................................ 4

Partnerships and Planning "Made a World of Difference"
The Organizing Team of the 17th Congress of IFHIMA .............. 5

A Short History of the Development of IFHIMA Congresses
Lorraine Nicholson ................................................................. 7

Development of IFHIMA Membership
Darley Petersen ......................................................................... 10

IFHIMA 17th General Assembly .................................................. 12

IFHIMA’s Strategic Direction 2013 and Beyond in the area of Knowledge Domain
Sallyanne Wissmann ............................................................... 16

Presentations at the Congress .................................................. 18

Education Day at IFHIMA 2013
Claire Dixon-Lee and Kelly Abrams ........................................... 18

Transforming Health Care in Canada through Digital Health
Feature Speaker: Richard Alvarez ............................................... 20

Feature Speaker: John Wright .................................................. 21

Analytics and Population Health Management Opportunities and Lessons for HIM Professionals
Linda Kloss ............................................................................... 23

Measures for Improvement of Consistency and Accuracy of Coded Data of Diseases and Medical Services
YooKyung Boo ......................................................................... 25

Big Data and Predictive Analytics are Transforming Healthcare
Lorraine Fernandes ............................................................... 27

Essential Global Standards for Health Information Management
Rita Scichilone ........................................................................... 29

Health Information Management Professionals and Their Impact on Consumers
Marsha Dolan and Julie Wolter ................................................ 31
Impressions of the 17th Congress of IFHIMA ................................................................. 33
Dr. Ramon C. Romero Serrano ..................................................................................... 33
Dr. Sabu K M ............................................................................................................. 33
Cameron Barnes ........................................................................................................ 34
Veronica Miller-Richards ......................................................................................... 35
Marcel van der Haagen and Wybe Dekker ................................................................ 36
From the Past to the Present 17th IFHIMA Congress Health Information Management – Making a World of Difference
Professor Phyllis J. Watson .......................................................................................... 37
The Value and Challenges of Global Collaboration
Mollie Pillman .............................................................................................................. 39
The Good Memories
Joon Hong .................................................................................................................. 40
Impressions .................................................................................................................. 43
Night of a Thousand Festivals ..................................................................................... 44
The 18th IHIMA Congress in Tokyo
Yukiko Yokobori ........................................................................................................ 45
Publishing Information ............................................................................................... 48
Dear Readers,

Welcome to the December 2013 issue of IFHIMA Global News!

We are delighted to offer you this special post Congress of Global News with a summary of the 17th Congress of the International Federation of Health Information Management Associations (IFHIMA). The Congress held in Montréal Canada, May 13 -15 was hosted by the Canadian Health Information Management Association (CHIMA) in conjunction with the Canadian Nursing Informatics Association (CNIA) conference.

Not only perfect organization and outstanding presentations, but also the venue, the Palais des Congrès de Montréal made this congress an unforgettable experience.

Gail Crook, CEO and Registrar, CHIMA, Margaret Skurka, IFHIMA president 2010 – 2013, together with their organizational teams did an excellent job.

The 17th IFHIMA General Assembly was held to the commencement of the Congress. Twelve (12) directors of the current 19 IFHIMA member nations from five continents represented their associations. A report of the General Assembly is provided on page 12.

Lorraine Nicholson's article (page 7) look back to more than 60 years into the development of Health Information Management.

Members of IFHIMA are not only national associations, but we also have individuals who are Associate members from around the globe. Thanks to the high commitment of the IFHIMA Membership Team (IMT) we are happy about the continuous increase of membership during the last years. On page 10, Darley Petersen illustrates the activities of IMT, of which she was chairman from 2005-2013.

The theme of the Education Day held prior to the Congress, was quality improvement in HIM education. The Education Day (see page 16) is an important event at the IFHIMA congresses and more than 176 attended this pre-congress session.

A special thanks goes to the authors, who provided a summary of their presentations at the Congress and make them available for this issue. Particular note of thanks should be given to the keynote speakers Richard Alvarez, President and CEO of Canada Health Infoway and John Wright, President and CEO of the Canadian Institute for Health Information.

Impressions of the 17th IFHIMA congress have been contributed by attendees from around the world and complement this special issue. A special thank goes to these authors, too!

Let’s now look into the future: The 18th IFHIMA congress will be hosted by the Japanese Association of health Information Management. It will take place in Tokyo in October, 2016 in conjunction with the WHO-Annual Meeting of the Family of International Classifications. Please save this date!

Best regards

Angelika Haendel
Editor-in chief
The 17th Congress of IFHIMA -
Thoughts of the President

Margaret Skurka
MS, RHIA, CCS, FAHIMA
President of IFHIMA
Email: mskurk@iun.edu

It was a tremendous experience to be in Montreal for 7 days in May of 2013 as the President of the 17th Congress of IFHIMA. I hope that all of the over 500 attendees from over 30 countries feel the same way.

The highlights for me were certainly the General Assembly, the Education Day, the social activities, and mingling with so many individuals working in the Health Information Management discipline. The Canadians were terrific hosts. There was the efficient convention center, the number of hotels for all budgets nearby, the well planned programs, and the beautiful city of Montreal to enjoy. Did you eat as much seafood as I did? And take a few little trips to Chinatown for more excellent food? I enjoyed the cuisine in Montreal very much and that makes for a great week also.

Our strategic goals for the next three years were affirmed. I hope you participated in the breakout sessions during the General Assembly to help contribute your thoughts to our plan. If not, there still is ample opportunity to contribute. Please go regularly to our web site at www.ifhima.org. The Executive board is listed and all email-addresses, so you can reach any of us easily. Share with us your best thinking regarding Membership, Advocacy and our Knowledge Domain. IFHIMA is only as strong as its volunteers. Please be one of them.

Networking is always a positive take away from large meetings such as what we had. I hope you left with business cards and that you have already reached out to some new colleagues. The new board had its first meeting on the last day of the Congress and has had a teleconference since then as well. We all left with large to-do lists and are working our way through them. You need to really stay focused in that area. It is often too easy to return home with great plans of follow through, and then real jobs and real life get in the way. Try to commit to doing at least one thing a week for the good of the Federation. We all benefit from an active association.

Thank you for allowing me to be your President from 2010 – 2013. I grew personally and professionally from the experience and cherish my HIM colleagues from all over our big world. The very best to all of you and thank you for the memories.

Margaret A. Skurka, MS, RHIA, CCS, FAHIMA
President, IFHIMA 2010 – 2013
Professor and Director, HIM Programs
College of Health and Human Services
Indiana University Northwest
3400 Broadway
Gary, Indiana 46408
UNITED STATES OF AMERICA
Partnerships and Planning
“Made a World of Difference”

The Organizing Team of the 17th Congress of IFHIMA

CHIMA was thrilled to win the bid to host the 17th IFHIMA Congress. We won the bid in 2010 and the planning process started immediately. Time flew by and we were relieved that we started the process early.

To begin with (following an RFP process), we hired a reputable event organizer. We were fortunate to find a professional congress organizer who we had a great working relationship with. This was critical to our success. We developed a detailed budget that we closely monitored through the planning period. This allowed us to adjust if assumptions and targets were not being realized and it allowed us to proactively develop strategies to mitigate any major misses.

We took our marketing and promotion on the road and attended as many North American events that we could. We also created a user-friendly, clean website for the Congress which was a perfect platform to drive visitors to where they could receive timely and up-to-date information. It was essential for us to have a detailed marketing and communications plan and we also benefitted from using social media.

Finally, people and partnerships was the true key to our success. The congress organizer was familiar with the location and was plugged-in to service providers and vendors from the area. We also would not have been able to achieve the level of success we achieved without the help of our volunteer congress organizing steering committee, our sponsors and our partners who helped promote the congress to their extensive networks.

Here are a few more tips for those planning the next congress:

- Start the planning right away, yes it may be three years away but it is critical to start early
- Seek vendor and sponsor support right away, target and market the benefits to support the event from a vendor perspective, strive to exceed their expectations
- The call for abstracts process is intensive and requires a lot of time and resources
- Get commitments from Keynote Speakers early in the process. Your Keynotes will be ‘key’ to your marketing plan
- Invite all delegates to the Education Day. We were pleasantly surprised by the number of people that participated in the Education Day
- Ensure you offer an easy online registration payment process that is supported by responsive processes to address foreign exchange, refunds, early bird and regular rate changes, money transfers etc.
- Ensure you have adequate IT systems to support registration, financial and demographic data collection, evaluation reporting etc.
- If supporting a developing country sponsorship program, start right away to allow for those awarded to obtain the necessary documentation for their countries (travel visas etc.)
- Do a few site visits to ensure you have the right hotels and area picked out for your congress and social event(s)
- Seek assistance from your local and or national tourism representatives i.e. Tourism Montréal to help promote the event and introduce you to local hotels and venues in the event area
- Create a planning steering committee and assign tasks to share the workload and high level decision making
- Have a marketing and communications plan in place
- Offer an early bird rate and promote, promote, and then promote some more
- Work closely with IFHIMA, local committees and industry-related organizations (organizations where keynote speakers are from) to help promote the event.

- Paying attention to every little detail is critical to a successful event! You will need a very detailed work plan and the help of volunteers, colleagues and friends.

The congress was three-years of hard work, planning, networking and marketing. We enjoyed the process tremendously and the final results gave us great satisfaction. Be prepared for the time commitment and extensive amount of work required. CHIMA and its members were very proud of the outcome and glad we had the opportunity.

See you in Tokyo
A Short History of the Development of IFHIMA Congresses

Lorraine Nicholson
Past President IFHIMA (2007 – 2010)
Email: l.nicholson@zen.co.uk

This special post-congress edition of Global News provided me with an opportunity to reflect on how the Federation’s international congresses and associated activities have developed since I became the UK national director in 1996.

The first international congress was held in London, England 8th – 12th September 1952 and the second, third and fourth congresses were held in Washington DC, USA in 1956, Edinburgh, Scotland in 1960 and Chicago, USA in 1964. The fifth congress was held in Stockholm, Sweden and it became the location for the birth of the Federation. At the international business meeting on 29th May 1968 the International Federation of Medical Records Organizations (IFMRO) was established – 16 years, 5 congresses and many thousands of letters after the idea an international federation was discussed during the first congress in London in 1952!

After the congress in Stockholm international congresses were held every four years in Sydney, Australia in 1972, Toronto, Canada in 1976 when IFMRO was renamed the International Federation of Health Records Organizations (IFHRO), The Hague in the Netherlands in 1980, Auckland, New Zealand in 1984, Dallas, USA in 1988, Vancouver, Canada in 1992, Munich, Germany in 1996, Melbourne, Australia in 2000 and Washington DC, USA in 2004 when the interval between congresses was reduced to three years. Thereafter international congresses followed in Seoul, Korea in 2007, Milan, Italy in 2010 when IFHRO was renamed the International Federation of Health Information Management Associations (IFHIMA) and the last congress, the 17th, was held in Montreal in 2013. Each one of these congresses will have been unique in terms of its venue, the mix of individual delegates and the countries that they represented, the format for the opening ceremony, the content and design of the program and also the social events, which have always provided delegates with a taste of local culture, customs and food.

Grand Council Members elected in Dallas, 1988

The international congresses are busy times for the IFHIMA Executive Board because they provide a unique opportunity to engage and interact face-to-face with national directors and deputies and with international delegates from around the world to progress the work of IFHIMA. The meeting of IFHIMA’s General Assembly (previously known as the Grand Council) takes place prior to the triennial international congresses, which provides optimal attendance from national representatives.
and observers from all around the world. The General Assembly, which is the highest authority of the Federation, comprises Directors nominated by national member associations and members of the Executive Board and it meets to receive reports covering the previous three years from the President and other members of the Executive Board including updates on finances, membership and reports from each of the IFHIMA regions. The Assembly also reviews and approves constitutional amendments proposed by the Executive Board, takes reports from teams or working groups, elects the Executive Board for the next three-year term of office and ballots for the venue for the next triennial international congress based on bids presented by representatives from national member organisations wishing to host the congress.

In 2004 it was decided to utilize part of the afternoon session of the Assembly to hold facilitated discussion groups made up from members of the General Assembly and observers as a means to engage and involve national directors and observers in the Federation’s strategic planning process. In order to test the feasibility and effectiveness of this approach, discussion groups were held at the General Assembly in Washington DC on 9th October 2004. Discussion papers were circulated in advance to members of the Assembly and made available for observers on the day of the meeting. The topics of the papers were Electronic Health Records, Clinical Data Management, Education, Privacy and Confidentiality, Electronic Health Records and the Needs of Developing Countries. Authors of each of the papers made a presentation on their paper at a plenary session which was followed by facilitated discussion groups and each group reported back on the discussions during the final plenary session. The topics of the papers provided the five key strategic themes to help guide and focus the work of the Federation for the forthcoming three terms of office.

In 2012 the Executive Board undertook a rigorous strategic planning process to identify IFHIMA’s strategic direction, review the outputs from each of the strategic themes to date and to develop a strategic framework for the Federation for the 2013 – 2016 term of office. The resulting framework comprises three domains – Membership, Advocacy and the Knowledge Domain. As has been the practice at previous Assemblies, the discussion groups in Montreal were facilitated by members of the Executive Board and were informed by discussion papers and a short presentation focused on each of the three domains. Discussion papers were available in advance for individuals to help them to select the group in which they wish to participate and to provide background information. Participants were asked to spend time discussing IFHIMA’s strategic direction based on themes or domains as identified in the discussion papers and the presentations. Executive Board members acted as Facilitators to ensure that the subject area was fully covered, all participants had the opportunity to provide input to the discussions and that realistic and achievable actions were identified. A rapporteur and a scribe were appointed by each group and the rapporteur provided feedback on the discussions in their group to a plenary session of the General Assembly. The notes drafted by the groups will now be used by the Executive Board to inform IFHIMA’s strategic plan and to determine the activities neces-
sary to operationalize the plan during the forthcoming three years. The notes from each of the discussion groups will also be posted on the IFHIMA website in the area designated for strategic initiatives.

In order to support and assist national directors and deputies a special orientation meeting has been held for them since 2010. The aim of the meeting is to take them through the agenda for the General Assembly prior to the meeting taking place to ensure that they are well-prepared. The agenda for the orientation meeting includes the process for the election of the new Executive Board, the process for the ballot to select the venue for the next international congress and the format and timetable for the discussion groups to be held during the afternoon session. This meeting has proved to be very important to ensure collective understanding of all of the processes of the Assembly in order to promote efficient and effective working and robust decision-making. Because national directors and their deputies only meet once every three years and some new directors may never have met their fellow directors before the meeting it also provides an opportunity for them to meet and get to know one another in advance of the General Assembly.

On a personal level, the first congress that I attended was the 9th congress held in Auckland, New Zealand in 1984 and I have attended all of the international congresses since then. I was honoured to be awarded a travelling scholarship by my employers to enable me to participate in the congress and the experience has stayed with me ever since - I honestly believe it changed my life! I went on to do things career-wise that I would never have dreamed of before, I learned a great deal and I made some wonderful friends. Over the years I have been fortunate enough to travel the world as part of my daily work, to help in a number of different countries in the developing world and, of course, to serve IFHRO/IFHIMA and to support its activities. I urge all HIM practitioners to strive to find ways to enable them to attend IFHIMA’s future international congresses to gain a global insight into their profession, to build a network of professional contacts from around the world and to help them to develop both personally and professionally. I also urge them to become members of IFHIMA to support its global mission and to join fellow practitioners and become a member of the international health information management community before the 18th international congress takes place in Tokyo, Japan in 2016.
To give a short history on the IFHIMA Membership Team (IMT) throughout the years is a pleasant opportunity to focus on the co-work with dedicated members around the world who give their leisure time to promote IFHIMA in many aspects.

In 2003 IMT was born as the IFHRO Membership TaskGroup. Shirley Pilon, Canada, was appointed Chairman of the team by Executive Board. The team represented the following global regions: Africa, Eastern Mediterranean, and South East Asia, Lead: Joon Hong. Americas, Lead: Anna Sims-Jones Europe, Lead: Darley Petersen. Western Pacific, Lead: Janelle Craig.

With the International Federation as the governing body, the Membership Task Group had the following objectives:

- To increase the number of members for all membership categories from all countries of the world, with a concentration on memberships and categories that can assist IFHRO in optimally achieving its purpose to:
  - Promote the development and use of health records and health records information in all countries
  - Develop and advance the use of international health records standards

- Provide for the exchange of information on health records education requirements and training programs and provide health information management course details to facilitate student exchange and other vocational associated courses for healthcare workers

- Provide opportunities for communication between persons working in the field of health records in all countries; and,

- To identify, determine feasibility, and recommend services that could facilitate communication and increase membership.

The focus should be on the following strategies:

- Obtain existing materials and create new materials and promotions
- Define the Membership Recruitment Campaign
- Coordinate and execute the Membership Recruitment Campaign
- Evaluate the effectiveness of the Membership Recruitment Campaign

During the years the aims have been only moderately amended, as all keywords are still in business.

The following years the leaders of the TaskGroup built up a co-working network with members to represent USA (Rachael Gagner D’Andrea), Africa (Gabriel Aremo), United Kingdom (Lorraine Nicholson), Australia (Robina McCarthy), and The Netherlands (Willem Hogeboom).

Brochures and campaign letters, articles for Global News and office routines were developed, and in 2005 I was appointed Chairman of the Task Group. An Action Plan for the coming years was approved by the Executive Board.

From 2006 registration of Member lists became part of the daily routine for the
Chairman. The extended correspondence with renewals of memberships as well as any other information from the Executive Board to IFHIMA members and IFHIMA Friends formed the start of the Distribution List which to-day includes more than 500 names.

In 2007 the IFHRO constitution was changed, and the Executive Board was formed by elected members from all regions (except one). The Board members were identical with Regional Directors appointed by national member associations.

It appears to be the right time for thoughts of integrating Task Group functions into the Executive Board members’ work. The coordination of the work – and reporting - should find a natural place within the IFHIMA Executive Board.

The new structure was established in 2010, when Members of the IFHIMA Executive Board as Regional Directors became responsible for each IFHIMA Region. The name of the Task Group became IFHIMA Membership Team (IMT).

From 2010-2013 the IMT was formed as: Region Americas: Marci MacDonald, Region Europe: Stuart Green, Region Africa and Eastern Mediterranean: Joon Hong, Region South East Asia: Yukiko Yokobori, Region Western Pacific: Sallyanne Wissmann. Chairman: Darley Petersen, Denmark.


As the need for communication between the members and IFHIMA Executive Board has developed over the years the IMT’s work and relationship with many IFHIMA members and IFHIMA Friends has grown continuously.

It has been my pleasure to be a part of the development and I take this opportunity to send our greetings to all IFHIMA Members and IFHIMA Friends on our distribution list with special thanks to members having been active within the IMT for shorter or longer periods since 2003.

Darley Petersen
Health Information Manager
Odense University Hospital, Denmark
IFHIMA - European Regional Team (2001-2013)
IFHIMA - Membership Team (Chair) (2003-2013)
IFHIMA - Executive Board ex Officio (2007-2013)

Dear Reader

The GLOBAL NEWS has often been the introduction for our readers to voluntarily support IFHIMA by signing up an individual membership for only US$ 35 per year.

If you have considered this, too, we recommend that you visit our web site www.ifhima.org and then go to the link Membership. Here you will find a brochure on

- The Purposes of IFHIMA,
- IFHIMA Activities and
- Benefits of IFHIMA Membership

Also an application form can be found by following this link.

Best regards,
IFHIMA Membership Team
The 17th General Assembly was held on May 12, 2013 with the directors of the following national member Associations present: Australia, Canada, People’s Republic of China, Germany, Indonesia, Jamaica, Japan, Republic of Korea, The Netherlands, Spain, United Kingdom, United States of America. Not represented in the General Assembly were the associations of Ireland, Israel, Italy, Kenya, Nigeria, the Philippines, and Sweden. The Nigerian delegation encountered travel delays that made it impossible to arrive in time for the General Assembly.

President Margaret Skurka opened the meeting and explained that the gavel used had been given to the Federation in 1976 by the Canadian Association of Medical Record Librarians when the General Assembly meeting was held in Toronto, Canada.

Before entering into the items on the agenda, President Skurka spent a moment remembering Dr. Leonardo la Pietra, President of the Italian Medical Records Association – AIDOS IMERA that hosted the 16th Congress in Milan in 2010. Dr. la Pietra died in 2011.


Also not part of the formal agenda, Marjorie Hendricks of the Jamaica Medical Records Association presented an award to Carol Lewis in recognition of her support over the years to the HIM profession in Jamaica.
Reports

- President - Margaret Skurka explained that IFHIMA is the global voice for the HIM profession and is devoted to strengthening HIM worldwide. IFHIMA has 19 member countries with the Health Information Management Association of Nigeria (HIMAN) and the Association of Medical Record Officers of Kenya (AMRO-K) rejoining the Federation during the past year.

- Three strategic directions were reviewed
  - Advocacy – global partnerships, outreach to non-member nations, work with WHO-FIC (WHO Family of International Classifications), and contributions to ICD-11
  - Knowledge domain – HIM education and competencies, the electronic health record, data quality and data management
  - Membership – how to support countries? How to increase membership? How best to meet the needs of countries.

- Financial report – Thanks to a budget conscious Board and the generous support of national associations, especially the USA, the Federation’s year-end balance has increased every year since 2010.

- Member survey – A membership survey was conducted in 2012 to provide the Board with information about what the membership wants. Those responding indicated that they felt HIM credentials were respected and valued, they appreciated the strong Website, and they liked the regular publication and access to Global News.

- Future “Go Forward” Goals –
  - There is a global demand for mortality and morbidity coded data and IFHIMA continues to work with WHO-FIC to support these initiatives and ICD-11.
  - IFHIMA is committed to strengthening relationships at the Regional level.
  - Focus will continue on its Strategic Directions

Other reports

- The immediate Past President – Lorraine Nicholson reported on the work she performed including, among many other activities, outreach to Africa.

- Report of the Chair, Membership Committee – Darley Petersen explained her efforts to promote IFHIMA and to recruit new National and Associate members. There are 530 people on the distribution list and all receive Global News.
Communications

- Global News – Angelika Haendel explained the content and distribution of Global News and invited all to participate by submitting information on their organizations, meetings or anything they would like to share with their HIM colleagues globally.

- IFHIMA Website – Julie Wolter, Website Coordinator, demonstrated the Website, highlighting the Learning Modules and the student area. She encouraged any member who has a suggestion regarding the Website to contact a member of the Board.

- IFHIMA also has a Facebook page. Margaret Skurka thanked them for all their hard work on behalf of IFHIMA.

Changes in IFHIMA Constitution

The national delegates voted in favor of the following changes in the constitution.

- Article V, Section 1, changed to read: It [the Executive Board] shall consist of eight (8) members, who are officers of the Federation. The officers shall consist of a President, a President Elect and 6 Directors; one to have oversight of each of the six (6) regions: Europe, the Americas, Africa, the Eastern Mediterranean, South East Asia and the Western Pacific. This increased the number of Directors to eliminate the need to have a Director be responsible for two regions.

- Added Article VII, Section 3: IFHIMA is incorporated in the United States (in the State of Illinois) since 2013. This means that IFHIMA is registered as a non-profit organization to facilitate banking transactions.

Standing Rule

The national delegates approved a standing rule, An ex-officio Board Member, Membership Chair/Treasurer, will be appointed by the President at the beginning of each term, and will serve the same term as the President. Incoming President, Angelika Haendel then appointed Lorraine Nicholson to serve as Membership Chair and Treasurer.

Election of IFHIMA Executive Board

The candidates being unopposed, the 2013-2016 Executive Board was elected by acclamation.

President: Angelika Haendel (Germany)
Presidential Elect: Marci MacDonald (Canada)
Directors:
  - Sallyanne Wissmann (Australia)
  - Yukiko Yokobori (Japan)
  - Yoo-Kyung Boo (Republic of Korea)
  - Wole Ajayi (Nigeria)
  - Lorraine Fernandes (United States of America)
Margaret Skurka, immediate Past President, is an ex-officio member of the Board

Election of site of 18th IFHIMA Congress in 2016

A record of four countries had made a bid to host the 18th Congress. Each country – Australia, People’s Republic of China, Indonesia, and Japan – made a presentation during the General Assembly requesting support for their bid. The Directors voted to hold the next international congress in Japan in October 2016.
Break out sessions
The General Assembly participants divided into three focus groups – Membership, Advocacy, Knowledge Domain – for a two hour discussion. Following this the groups reconvened and presented their findings at the plenary session.

New Business
Margaret Skurka presented three requests from WHO and asked those interested to contact her.

- Serve as a volunteer on the International Classification of Functioning and Disability (ICF) work group.
- Serve as a volunteer to review and assist with the creation of ICD-11.
- Identify members who can conduct ICD-10 training to assist with training in developing countries. IFHIMA’s role is solely to serve as a communication tool in helping build a pool of potential ICD-10 trainers.

Regional Meetings were held following adjournment.
Following feedback from IFHIMA members in the 2012 Member Survey, the IFHIMA Board drafted the IFHIMA 2013-2016 Strategic Plan which includes three strategic themes of membership, advocacy and knowledge domain. At the IFHIMA General Assembly in May 2013, IFHIMA’s draft strategic plan was discussed. This article provides information about the strategic area of Knowledge Domain, the current state and requirements moving forward.

The strategic theme of Knowledge Domain relates to the body of knowledge and competencies that defines the health information management profession, and education of health information management professionals.

It includes:

- HIM Education and Competencies
- Electronic Health Record
- Data Quality and Data Management
- Position Papers and Best Practices

The strategic goal of Knowledge Domain is to define and have available to members and non-members the health information management body of knowledge and to continue to mature this to reflect the current environment of health information management.

In 2012 an IFHIMA Member Survey was conducted and some of the questions and comments received relate to the knowledge domain area.

Respondents were asked ‘What priority do you assign to the current strategic initiative of Electronic Health Records?’ 3% responded low, 27% responded medium and 70% responded high.

Respondents were asked ‘What knowledge do you have about Electronic Health Records?’ 5% responded none, 44% responded limited (know name and general description), and 51% responded active (have participated in project/actions in support of this initiative).

Respondents were asked ‘What priority do you assign to the current strategic initiative of Education?’ 1% responded low, 9% responded medium and 90% responded high.

Respondents were asked ‘What knowledge do you have about Education?’ 7% responded none, - 35% responded limited (know name and general description), and 58% responded active (have participated in project/actions in support of this initiative).

Respondents were asked ‘What priority do you assign to the current strategic initiative of Privacy, Security, Confidentiality?’ 3% responded low, 26% responded medium and 71% responded high.

Respondents were asked ‘What knowledge do you have about Privacy, Security and Confidentiality?’ 8% responded none, 46% responded limited (know name and general description), and 46% responded active (have participated in project/actions in support of this initiative).

Note that approximately 100 people responded to these survey questions.

The IFHIMA Member Survey identified a number of challenges facing HIM/IFHIMA
relating to Knowledge Domain, these included:

- Evolving nature of the profession / workforce transformation
- Lack of uniform standard of practice / best practice
- Low level of HIM evidence based research
- Electronic health record implementations
- Lack of an international HIM curriculum and HIM education, and
- Implementation of ICD10, ICD11 and coder competency

Requirements

IFHIMA members through the Member Survey and the Knowledge Domain discussion group that was held at the IFHIMA General Assembly, have identified the following requirements for Knowledge Domain:

a) HIM Competencies
   There is a need for a set of international health information management (HIM) competencies to be developed and endorsed by IFHIMA member nations. The benefits of having a set of international HIM competencies would be identification of the HIM knowledge domain (i.e. what defines health information management), and to set standards for HIM education and HIM professional practice.

b) HIM Education
   There is a need to increase health information management education globally. While IFHIMA doesn’t have resources to conduct HIM education, IFHIMA can facilitate HIM education in a number of ways. The benefit of increasing health information management education globally is to improve health information management practices around the world that will in turn support health care delivery and patient outcomes.

c) Electronic Health Records
   There is a need to educate and equip IFHIMA members to take a proactive role in the planning, implementation and management of electronic health records and for IFHIMA to assist to set the standards for electronic health records. The benefit of IFHIMA focussing on electronic health records is to increase the likelihood that electronic health records are adopted with sound health information management principles that support information capture, management and use to support patient care.

d) Data Quality and Data Management
   There is a need for IFHIMA to promote health data quality, identifying appropriate resources for members and assist to set the standards for health data quality and management. The benefit of IFHIMA focussing on health data quality and management is to increase the quality of health data capture and management, increasing the completeness, accuracy and reliability of the data for decision making at all levels of the healthcare system.

e) HIM Identity
   There is a need for IFHIMA to clearly articulate the identity, skills and attributes of a qualified health information manager. The benefit of developing a position statement in relation to HIM identity is to increase the profile of health information managers and the profession globally.

Action Plan

An action plan has been drafted to progress these requirements and will be discussed at the next IFHIMA Board meeting to ensure all identified actions are feasible. If you would like to be involved in progressing IFHIMA’s initiatives please register your interest with Sallyanne.Wissmann@mater.org.au
Health Information educators were treated to a day of global issues in higher education with over 176 attendees at the pre-Congress session. The general theme was quality improvement in HIM education, including quality assurance initiatives, new learning activities, curriculum models, online education and emerging topics in health information education. Introductions and welcome messages came from Margaret Skurka, IFHIMA President and Gail Crook, Chief Executive Officer of the Canadian HIMA host association.

The keynote speaker Dr. Merida Johns focused on the leadership skills required for health information management (HIM) today. She gave a brief personal history of her ancestors who came to Montreal 360 years ago and she maintains dual citizenship in the US and Canada, has had a long career as an HIM professional, educator, and leadership coach. She has authored recent books on women in leadership and was editor of the primary textbook for programs in health information technology published by AHIMA. Dr. Johns stressed the critical importance of students having opportunities to practice leadership skills throughout their education, infusing it in curricula at all academic levels. Distance learning poses new challenges to leadership skills development, but practicum experiences in real work settings are so valuable to reinforce and test leadership skills. She stated that “… leadership cannot flourish in negativity, but needs a positive environment.” She suggests that an international model for HIM education close the gap between theory and practice, increase gender and cultural equity, and institute programs that differentiate leadership development throughout the curriculum.

Barbara Manger and Kathleen Kirk from Rutgers University, USA spoke on re-engineering the professional practice experience and their success in creating a winning scenario. Carol Lewis provided the results of a fascinating survey of the current state of ICD coding education around the globe sponsored by the WHO-FIC Education and Implementation Committee. A presentation examining the level of health informatics education in Australia in a tertiary, graduate level clinical degree program was explained by Kerryn Butler-Henderson. Sandra Cotton and Patricia Ramirez of Canada gave the audience an overview of lessons learned in managing an online HIM education program in Nova Scotia, the importance of dedicated time to design a program and adequately prepare faculty, and the need for continuous coordination and curriculum updates.

Mervat Abdelhak spoke about graduate programs in HIM and health information systems at the University of Pittsburgh, USA stressing that today’s emphasis is not on the enabling tools but rather the focus is on actionable, high quality data. Ulrich
Wirth from the Johannes Gutenberg University in Mainz, Germany presented a new model HIM program to open in 2014 based on the AHIMA international curriculum model which is unique in that students will be employed in healthcare while attending the program. Lorraine Nicholson of the UK gave a memorable presentation on her experiences in developing nations, the lack of formal HIM education and the significant needs of educators in Tanzania for advice on curriculum, training materials and basic textbooks. Ryan Sandefer and Pamela Oachs, USA previewed their recent project to tie learning outcome competencies to course content, technology, data analytics, and research projects eliminating redundancy and align theory with practice. Leah Grebner and Donna Schnepp, USA described how they promote student success and engagement through mentoring and networking to supplement textbook theory. They have engaged HIM professionals to mentor students and provide short lecture segments on a private YouTube channel.
Transforming Health Care in Canada through Digital Health

Richard Alvarez, president and CEO of Canada Health Infoway, one of the non-profit organizations created and financed by the Canadian Government to support and establish information technology (IT) in public health, emphasized in his keynote speech entitled "Transforming Health Care in Canada Through Digital Health", that in Canada, IT and related systems play an important role in the assistance of diagnosing patients in remote areas of the country, as well as sharing valuable health information throughout all sectors of healthcare (primary care physicians, hospitals, etc.).

In order to do so, it is necessary to establish a nationwide electronic health record, with all clinicians contributing and willing to share same.

Mr. Alvarez explained that this goal can be reached by utilizing the following steps:

1. Use mobile patient-monitoring systems, for example home sleep testing and ambulatory monitors or out-of-office blood pressure monitoring
2. Enable the interaction between patient and health facility via eHealth (telemedicine).
3. Support new forms of health care: increasing the use of electronic patient records within the full range of health care delivery (ambulatory, acute care, nursing home, rehabilitation, etc.) to further enhance patient-oriented health care.
4. Improve patient safety by enabling the implementation of e-prescription in community-based care and of electronic referring portals in hospitals
5. Facilitate clinical and administrative decision-making processes by using analytical data in order to support Canada on its way towards the realization of a high performance health care system.

Today, every province and territory within Canada is collaborating, and funds have been allocated to the development of solutions that are already demonstrating benefits for Canadians in terms of access, quality, productivity, and sustainability of the health system.

Getting the most value for Canadians is a major undertaking and does require significant changes in process, tools, as well as the perspectives of how to access information and the associated workflow. While much work remains, Canada has moved from being a country that is investing in the promise of health information technology and tools to one that is reaping the benefits of those investments.

Feature Speaker: John Wright
President and CEO of the
Canadian Institute for Health Information (CIHI)

Keynote speaker John Wright, president and CEO of the Canadian Institute for Health Information (CIHI) addressed the topic ‘Better data. Better decisions. Healthier Canadians’.

This wording refers to the mission of CIHI to support population health and health system decision-making in Canada. According to John Wright Canadian health systems are evolving and so are the information needs of their customers and stakeholders. The quality and affordability of health care is a major concern, and CIHI sees the need to produce better patient safety and health outcomes data, as well as methodologies and information to better inform providers, policy-makers and others.

The needs of an aging population are prompting health leaders and providers to develop new approaches to delivering care more efficiently, while achieving better health outcomes. In addition, Canadians want a patient-focused system where care is provided by the most suitable providers in the most appropriate settings. The use of health information technology is accelerating and will facilitate access to a growing number of data sources, as well as opportunities to use the data in ways that will allow us to answer progressively more complex questions.

Amongst other things CIHI has just recently introduced a three-year plan (2012 to 2015) in order to strengthen pan-Canadian health system performance (HSP) reporting. The Plan builds on more than 10-years of experience of CIHI in indicator development and public reporting on HSP. By processing relevant, appropriate and actionable data (e.g. concerning wait time, hospital costs etc.), CIHI pursues following objectives:

- To provide structured and coordinated pan-Canadian reporting on health system performance;
- To tailor information to needs of different audiences (general public, ministries, regional health authorities, facilities, etc.)
- To produce analytical tools and products that support jurisdictional priorities in performance improvement
- To build capacity for understanding and use of performance measurement and tools
- To help reduce ‘indicator chaos’ in the system

According to John Wright, Canada lacks innovation in health care information. In April 2010 CIHI launched an app which allows users to review their hospitals’ performance in eight clinical and financial indicators anywhere and at any time.
All countries face challenges in achieving the “triad” of goals for health system improvement: improved health outcomes, cost control, and patient engagement in their health care. Health care organizations are now more accountable for managing at-risk patients with chronic disease and in the US this accountability is reflected in new payment approaches in which providers share the risk with payers.

Population Health Examples

From “fee for service” to value-based reimbursement

Under new payment approaches, providers are not reimbursed for re-hospitalization if it represents a failure in care transitions or ambulatory care. Payments for an episode of care may be “bundled” with one payment for both inpatient and ambulatory phase of treatment.

These and other reimbursement innovations put providers at risk for quality failures. Providers are taking greater responsibility for managing patients, particularly those with chronic diseases where a failure of ambulatory management may necessitate readmission or a visit to the emergency department.

Managing cohorts of patients with a chronic disease is called “population health management.” A more formal definition is that population health management is the “utilizes a variety of individual, organizational and cultural interventions to help improve the morbidity patterns (i.e., the illness and injury burden) and the health care use behavior of defined populations.”

1.
Analytics: an essential tool

Achieving better results at lower cost requires effective use of information and healthcare organizations are learning to use aggregated data to improve care and patient management processes.

Healthcare Analytics represents a new set of methods, tools and competencies such as data normalization, natural language processing, cohort analysis, big data and predictive analytics.

Analytics solution providers offer a variety of approaches from data warehouse approaches to cloud based software as a service. They vary in the types of data available for analysis from claims data to clinical data from electronic health records. This is an area of rapid market growth in the US and a time of great innovation as healthcare begins to tap its new stores of digital information to improve the health of populations.

A range of analytic approaches is useful, some descriptive and some statistical, for different types of inquiry. Counts and rates are used to identify incidence and cohorts for example, visits to the emergency department by diagnosis or the rates of diabetes patients with an A1C > 8.

Analytics also reveal performance variation of the cost and quality outcomes of a chronic disease population such as patients with hypertension of one provider’s patients as compared to another. Analytics are also capable of predicting which patients are at greatest risk for hospital admission, readmission and emergency department visit. This is type of analytics is called predictive analytics.

From Metrics to Analytics

Adapted from Thomas H. Davenport, Analytics at Work

* NLP= National Language Processing
Analytics and Health Information Management

The transition from paper to electronic health records ushers in new analytics roles for those with the requisite competencies. Health Information Management professionals have the foundational competencies to move into analytics roles but may need to continue their education to take on these roles. HIM knowledge of data provenance and data characteristics, meaning and provenance are important assets. HIM skills in data quality management, data governance, classifications and vocabularies are key competencies.

Population health management and analytics are integral to health care organizations that must manage and leverage their digital data assets to bring real value to patients, providers and our communities.

HIM professionals should be part of analytics teams as this will be an area of workforce growth in the coming years.

1Hillman, Michael. Testimony before the Subcommittee on Health of the US House Committee on Ways and Means, hearing on promoting disease management in Medicare. 2002-04-16.
Measures for Improvement of Consistency and Accuracy of Coded Data of Diseases and Medical Services

YooKyung Boo
Dept of Healthcare Administration
College of Health Industry
Eulji University, Korea
Email: shscool@eulji.ac.kr

Health information management professionals ("HIMs") are professionals who gather, analyze and manage the manually and electronically recorded health and disease information of users in health and healthcare institutions, thus providing good-quality health and medical information to patients and qualified second users, and contributing to improving medical service quality, supporting hospital management and promoting national health.

HIMs' work in classifying diseases and medical services provides an important infrastructure for devising policies for national health and welfare administration, and for researching on population problems and medicine, and is essential for region to region and international comparison and communication.

Data, created by the system of classifying diseases and medical services, should be utilized to design the payment system for repayment of medical fees, to handle claims, to identify inadequate claims, to measure the quality, safety and efficiency of medical services, to conduct research, to conduct epidemiological investigation, to perform clinical trials, to devise health policies, to trace public health and danger, to plan and design the operation and strategy for medical service delivery system, to monitor the use of resources, and to provide costs and results for the users' choice of treatment methods.

With the diversity of utilization of diseases and medical service classification data, concerns for the accuracy of codes are increasing. According to an analysis of determinants of coding consistency, the more experience in coding work, the greater the size of beds of the hospital, and the more the single codes are, the more accurate the coding.

Important factors that may influence coding accuracy (errors) include the completeness of doctors' writing their treatment activities, the accuracy of writing medical services, untimely writing of medical services (timeliness), the use of synonyms or abbreviations, doctors' negligence of principles of writing, clinical work related to codes and related education experience.

In addition, other factors that may influence coding accuracy (errors) include the difference between paper records and electronic records, operation of quality assurance programs, index errors, and negligence of ICD principle of coding procedure.

Measures to improve the consistency and accuracy of coded data of diseases and medical fees are outlined as follows.

- At national level, necessary classification systems should be adopted, and official coding guidelines should be established.
- To ensure the observance of unified coding guidelines, HIMs should continue to be given training on coding.
To ensure smooth coding, activities should be conducted to enhance the quality of medical teams keeping medical records.

To promote the sharing of coding knowledge, interaction between coders.

Advice should be able to be always obtained from the publically reliable code advisory committee regarding the accurate code assignment.

Quality management monitoring system should be established to check if codes are accurately assigned.

In order to enhance the health of individuals and communities and to improve the safety of patients, concerns for the quality of medical service are increasing to reduce medical service delivery costs. Coded data can be used in determining best practices across the medical service industry, so efforts should be made to boost the value-added of coded data created by HIMs.
Big Data and Predictive Analytics are Transforming Healthcare

Lorraine Fernandes, RHIA
Global Healthcare Ambassador
IBM Information Management
Email: lfernand@us.ibm.com

In many countries around the world major initiatives are underway to transform healthcare from cost, quality, and consumer empowerment perspectives. The initiatives are increasingly being based upon the insight that can be gained from data, whether yesterday or today’s data, or data that allows an organization to predict outcomes.

Big Data that is now a mainstream discussion in all industry also applies to healthcare. In fact I’d say it applies even more to healthcare than other industries. Big Data is characterized by:

Volume
The exponential growth of data is evident in all industries, including healthcare. Data doubles every one to two years today, and will grow 50 fold from 2010 to 2020.

Velocity
Healthcare is rampant with velocity due to all the monitoring devices in care setting and patient homes.

Variety
Healthcare has approximately 80-90% unstructured data, along with structured data in an EMR. Plus all the variety that comes from sensors, chips, radio-frequency identifications (RFIDs), implants and more.

Veracity
Increasing discussion around Big Data is addressing veracity - can you trust the data and derive the insight you are seeking. Veracity is established by understanding quality, privacy, and data transformation.

The characteristics of big data

Establishing the Veracity of big data sources

1 in 3 business leaders don’t trust the information they use to make decisions
Key examples of organization that are embracing Big Data include the State University of New York, (SUNY) Buffalo which has reduced the time to conduct complex analyses supporting Multiple Sclerosis research from 27 hours to 11 minutes, University of Ontario (Sick Kids) which is using Big Data technology to predict septicemia and others major illnesses for neonates before the disease is evident, and Harvard Medical School that is using Big Data technology to process data 20-30 times faster and thus reduce drug study timeframes. Seattle Children’s is using big data to spot trends that may not be evident in single systems. They are integrating data from ten systems and improving query responses by 99%, thus clinicians have quicker access to data and can validate that protocols are being used and trends are identified sooner. Another major health system has used big data and intuitive analytics to reduce preventable hospital incidents by 40%.

HIM professionals have great potential to be a part of the Big Data journey, as our understanding of healthcare business processes, clinical terminologies, and data standardization mean we are ideal candidates to apply governance and stewardship to Big Data. Our domain expertise also uniquely qualifies us to “see the big picture” and create the Veracity that is needed in using data to transform healthcare. Let’s join this Big Data journey and launch new careers while bettering healthcare!!
We live in a world that is closely connected by technology advancement enabling health related knowledge to be within reach with a “click of the mouse”. Managing health information is serious business because the power of knowledge influences and guides decisions affecting human health. Global standards development allows for sharing best practices and new treatments for the world’s population.

Standards development organizations such as the World Health Organization (WHO), Health Level Seven (HL7), International Terminology Standards Development Organisation (IHTSDO), and International Organization for Standardization (ISO TC 215 Health Informatics) provide leadership and frameworks for establishing standards and best practices for managing health information in the 21st Century.

Professional organizations for Health Information Management are encouraged to participate in standards development. HIM leaders must contribute their significant knowledge and expertise to essential standards bodies in order to make a difference in how information is captured, stored, shared and used. AHIMA is the American National Standards Institute (ANSI) Designated Secretariat for ISO TC 215 and the Administrator for the United States Technical Advisory Group.

Examples of Influence for Global Standards

WHO-FIC: Guide and provide comments to shape the development of the next version of the International Classification of Diseases (ICD-11) Contribute to the development of other members of the family of international classifications developed and supported by WHO.

HL7: Guide and provide input for Electronic Health Record Functional Model standardization efforts and many other standards impacting health information management. HL7 International is a global authority on standards for interoperability of health information technology. These standards directly impact many aspects of sharing health information responsibly.

IHTSDO: This not-for profit association owns and administers the rights to SNOMED CT and related terminology standards. HIM participation in the established standards process is essential to provide input and guidance for optimal health information management leveraging this terminology for clinical documentation support. Twenty-three member countries have joined IHTSDO to advance the use of this global ready resource used in health records.

ISO TC 215 Health Informatics: The International Organization for Standardization is the world’s largest developer of voluntary international standards with 285 technical committees developing standards at last count. Health informatics was established in 1998 and is identified by the technical committee number 215. Health informatics standards are increasingly important to the professional knowledge base for health information management professionals. The introduction of technology tools and electronic systems manag-
ing health information is complementary to the execution of health information principles and practice standards. HIM Association members are encouraged to join their ISO TC 215 member country delegation to learn about national standards efforts and provide feedback through established channels.

HIM professionals should also consider offering to serve as subject matter experts to represent the health information management perspective to the standards bodies where they work. A list of member countries of the ISO TC 215 is available here:

www.iso.org/iso/home/standards_development/list_of_iso_technical_committees/iso_technical_committee_participation.htm?commid=54960

For additional information about Global Standards for Health Information Management contact
Rita.Scichilone@ahima.org
or
Lisa.Spellman@ahima.org

AHIMA provides a free newsletter by subscription featuring global standards related articles. The latest is available through a link from the AHIMA Web Site from:
http://newsletters.ahima.org/newsletters/Global_Standards_Update/2013/Fall/GlobalStandardsUpdate_Fall13.html

Additional information about AHIMA’s global standards work is also available from: http://www.ahima.org/about

---

IHTSDO delivering

SNOMED CT®

the global clinical terminology

ISO

HEALTH INFORMATICS

TC215

ICD-11

International Classification of Diseases
Health Information Management Professionals and Their Impact on Consumers

Julie Wolter       Marsha Dolan
MA, RHIA, FAHIMA    MBA, RHIA, FAHIMA
Emails: wolterjl@slu.edu, dolan@missouriwestern.edu

Health Information Management (HIM) professionals are trained to contribute to patient care by ensuring the quality of health information making sure it is complete, accurate, timely, useful and accessible when needed.

Traditionally, HIM professionals have worked in hospitals, physician offices, clinics, public health departments, health insurance companies and other facilities that provide health care or maintenance of health records. Now, HIM professionals are found working with healthcare consumers before they become patients. Embracing this role is new and exciting for the HIM professional.

During her year as President of the Board of Directors for the American Health Information Management Association, Patty Thierry Sheridan, MBA, RHIA, FAHIMA stated, “I believe HIM leadership begins at home. By bringing HIM practices close to home we will not only walk our talk, but we will also gain valuable insights on consumer-facing health information practices.” Educating consumers, such as family and friends, to manage their health information is the responsibility of the health information management profession.

Until recently, the only interaction HIM had with consumers/patients was when they requested copies of their health record. Now educating consumers about the healthcare system and how to be prepared for their healthcare encounter is a vital role. A recent informal survey of HIM professionals from around the world revealed many similarities in how HIM professionals help consumers. Returned surveys reveal the following findings:

1. 87% help by explaining medical terminology, prescriptions, test results, etc.
2. 70% help answer coding and billing questions
3. 66% help by explaining legislation and its effects on patients
4. 65% help patients access copies of records
5. 57% help by explaining content of medical records
It is evident that HIM professionals around the world are making a difference in the lives of consumers. No matter where the consumer lives, their questions are the same.

Who better than a health information management professional, to aid in explaining test results, understanding bills, accessing health information, creating a home filing system for medical paperwork, and helping navigate the sometimes confusing process of receiving and understanding care. In addition, HIM professionals assist in the following ways:

- Help family and friends to better understand the consent process
- Educate, empower and advise consumers on managing their health information;
- Influence consumers' behavior toward adoption of personal health records;
- Advocate for the rights of consumers in the areas of privacy, confidentiality, and security of protected health information; and,
- Assume the role of health record advocate; patient advocate; patient navigator; personal health record advisor; or patient portal manager.

Patty challenged all HIM professionals to, “become significantly more involved in the management of our own health data and that of our families.”

This small informal survey revealed that HIM professionals are bringing HIM practices close to home. We are walking the talk and during the process we will continue to gain valuable insights on consumer facing health information practices.
Impressions of the 17th Congress of IFHIMA

Dr. Ramon C. Romero Serrano
Email: romero_ram@gva.es

In May, 2013 IFHIMA held its 17th Congress in Montreal, Canada. I attended, representing the Spanish Association, SEDOM (Sociedad Española de Documentación Médica). For SEDOM it was the second IFHIMA Congress as we first participated in Milan in 2010.

From my point of view, the outcomes of the 2010-2013 period and the goals for the on-coming 2013-2016 years can be considered a success for IFHIMA.

Noteworthy are the renewed memberships of associations from Africa. IFHIMA faces a constantly innovating context and has ambitious challenges in all the health information management (HIM) domains such as HIM education, professional competencies, electronic health records and data quality. Increasing interconnection among associations and professionals integrated in IFHIMA and networking with other related associations are more necessary than ever.

Carolina Conejo and myself have the honour of co-chairing IFHIMA Europe during the next three years. One of our objectives is to identify HIM associations in Latin-American countries. We will try to contact and encourage their incorporation into IFHIMA.

Dr. Sabu K M
Associate Dean & Professor SOAHS, Manipal University India

It gives me immense pleasure to recollect each moment of the IFHIMA congress held in Montreal. It was my first participation in an IFHIMA congress and I am indebted to the IFHIMA secretariat for giving me an opportunity and granting me a DCDS award.

The IFHIMA Congress created a long and lasting impression in me about the relentless efforts of IFHIMA in expanding Health Information Management profession globally.

This congress created an excellent platform for understanding the progress and outlook of HIM profession among people across the globe. The level of enthusiasm, dedication and synergy seen among organizers and participants was amazing.

This event has transformed me and many other professionals to think positively towards contributing more to HIM profession. IFHIMA gave me an opportunity to meet many wonderful people across the globe and I cherish memories of meeting each one of them, especially few of my friends after a decade. Kudos to IFHIMA!

Best regards,
Dr. Sabu K M

From left: Dr. Sabu K M, India, Yukiko Yokobori, Japan, Linia Shaji, Canada
After attending the IFHRO Congress in Milan I was looking forward to another instalment in Montreal 2013. This time however it was under the banner of the new and improved IFHIMA!

The good news was that I wasn’t presenting this time and didn’t have any official duties to perform as I had relinquished my role as a national Director so I was free to sit back, relax, listen and learn!

A nicely appointed hotel across the road was a great start and all was good except for a terrible case of jet lag, 4 am and wide awake became my modus operandi for the week!

I was really impressed with the Congress. Some of the highlights for me included great touches such as the avenue of national flags at the doors of the main room. I really liked the web app that allowed scheduling of your day to occur easily. The Palais Des Congress was a suitable size with break out rooms that were appropriate. The AV facilities were very good with no instances of “Can someone come and help me up here?” That can occur for speakers when not set up properly.

The combination of the Nursing Informatics Conference I thought worked well. I attended some of the Nursing sessions so there definitely was the opportunity for crossover of HIM and Nursing worlds.

The speakers were largely of a very good quality and it was often the case that there was more than one session of interest that I would have liked to have attended. Wi-Fi availability in the Congress Centre is always a bonus and that was fully utilised by all.

However, the food that was provided in the lunch packs was a real disappointment and unfortunately not just expensive but quite poor quality as well. This was especially frustrating when international visitors don’t know if the location is nearby to other eating establishments.

Socially I had a very good time. The Australian contingent was strong and occasionally probably quite loud but we know no other way! We had a great time together and made some great connections with people who in Australia you may not get a chance to interact with normally.

The social events were good but drinks were expensive relative to what was on offer locally. The local tourist guides in the Centre were excellent and always willing to spend lots of time discussing the intricacies of the local environs and answering all the trivial yet somehow important questions tourists often ask!

Despite some of the above criticisms, the Canadians were very good, welcoming and friendly hosts. They know how to put on a top line, scientific and relevant Congress and the work that they put into conducting the event showed in the quality that was evident. I thank all the organisers for their work which probably seems like a distant memory for them now but there is such an effort put into these events that can be quickly forgotten once you hop back onto your plane and, disappointingly, turn right into Economy (Coach)!

I really enjoyed the Congress. It invoked a greater passion for my profession but also confirmed my belief that we have a vibrant international “society” where we are aiming to achieve great things, and can!
It was with great anticipation that I attended my 2\textsuperscript{nd} IFHIMA Congress in Montreal, Canada. Having attended the 16\textsuperscript{th} Congress in Milan, Italy, I was much energized and empowered to be apart of this global affair of HIM professionals. The pre-congress activities were a warm-up to the great programs that were scheduled for the week. It was a very warm and awesome learning and sharing experience for me and in particular the reuniting with old friends and the meeting of new ones.

The presentations and discussions throughout the entire congress were excellent. The HIM profession is growing in numbers and strength and the times are fast advancing. A lot of time, effort and resources were placed in this event to make it a success. The focus on developing countries was really very heartwarming given the fact that these countries are usually very challenged in terms of resources to carry out the basic HIM functions on a day to day basis. For the organizers to have thought about sponsoring a delegate from these countries was a very kind and commendable gesture. As a beneficiary of such an award it was humbling for me and I must publicly say a big thank you to all the sponsors on behalf of all the other awardees.

The craving for more HIM knowledge is important but it is my hope and dream to share and to implement some of this vast knowledge with the other Caribbean countries who have shown vested interest in being a part of IFHIMA.

In closing, I must commended IFHIMA and all the hardworking past and present Presidents and Directors for their commitment and dedication in making the growth and development of HIM not a dream but a reality.

Best wishes, Veronica
A very well organized party

Montréal. IFHIMA 2013. Did we go? Sure we did! And we got back inspired by everything that went on there.

From the IFHIMA sessions for directors, deputies and the like and all that went on for delegates. Via the opening session and lots of interesting presentations towards social events and sightseeing Montréal. Networking our way through Montréal so to speak. This conference was in more than one way a very interesting and very well organized experience. Montréal itself was worthwhile as well.

For instance on running up the steep Mount Montréal we passed McGill University, a huge complex where one of the well-known management professors comes from: Henry Mintzberg, a management guru famous for his knowledge on how to design effective organizations, such as hospitals. Still worth while reading his Structure in Fives.

At the conference we learned of CIHI, the Canadian Institute of Health Information. The Netherlands have several institutions which do not particularly work well together. In Canada we see this strong institute which seems to have a lot of influence and it also seems that the government uses the information coming from CIHI for what it is worth. So we are jealous of CIHI, which covers areas for which the Netherlands need at least 5 institutions that are scattered all over the Dutch country. There seems to be lots of work to be done on this behalf in the Netherlands.

Since Canada was a emigration destination in the 50ies of the past century there is great similarity in attitude of the people we met. This feels good when you are far from home. Some people definitely had Dutch roots; also according to their names.

What else was interesting? We now know more about Richard Buckminster Fuller, the architect who gave his name to the bucky ball, of which a huge model is built in the former Olympic area, a park which is well worth the trip. You are carried there by metro; a metro as quiet as can be because of the rubber wheels! So much for our touristic information!

Visiting the huge mental institution outside Montréal which in the past was a village itself was one of the extra’s which make conferences abroad so inspiring and useful. You can compare with the situation in your own country and this makes trips like this a great learning experience.

Of course there is a good deal of formalities and ceremonies, but these ceremonies have their charm as well; especially the part of the bidding for the conference in 2016.

It was a sportive competition with the result that we have to go to Japan in 2016. Do we go? Sure we do! At least we hope to be in the position by then. And of course we hope to see many of you there as well!
From the Past to the Present  
17th IFHIMA Congress  
Health Information Management –  
Making a World of Difference

The 17th IFHIMA Congress held in Montreal, Canada in May 2013 was another great success and we owe an enormous debt of gratitude to the Canadian Health Information Management Association (CHIMA) for hosting the event. I congratulate them on a job well done.

It was another milestone in the history of the International Federation with over 500 participants from 30 countries. Although I have been privileged to attend all congresses since 1968 many members who worked hard for the federation over many years have not been able to do so. It was therefore exciting to see for the first time in IFHIMA’s history seven past presidents attend the 17th International Congress in Montreal, and with the addition of Margaret Skurka, as she handed over the presidency to Angelika Haendel, there were eight of us lined up for a photo.

With the Congress being held in Canada, CHIMA was able to welcome two past presidents from Canada and three from the USA as well as one from Germany, one from the United Kingdom and myself. In order of service we were: Liliane Gagnon (1976 – 1980 Canada); Carol Lewis (1984 – 1988 USA); Phyllis Watson (1988 – 1992 Australia); Ulli Hoffmann (1992 – 1996 Germany); Vicki Tichborne (1996 – 2000 Canada); Jean Clark (2004 – 2007 USA); Lorraine Nicholson (2007 – 2010 UK) and Margaret Skurka (2010 – 2013 USA).

Of the twelve presidents since the formation of the Federation in 1968 those unable to be with us were Betty James (1968 – 1972 Australia deceased); Lorraine Gay (1972 – 1976 USA); Sjaak Velthoven (1980 – 1984 The Netherlands deceased), and Willem Hogeboom (2000 – 2004) The Netherlands.

The program was well organised and covered a wide range of topics including electronic health records, data quality, education of health information managers and clinical coders, clinical classification and coding, patient safety, and privacy of health care data to name just a few.

Many renowned speakers from the USA and Canada gave excellent presentations with a great deal of participation from a captivated audience. For me it was very pleasing to see so many medical record/health information management professionals from both developed and developing countries attending and presenting for the first time at an international congress.

I was impressed with the speakers and the material they presented. Some of them were young and very nervous speaking for the first time to such an audience but they did very well. The young speakers from developing countries outlined many problems facing them, problems which some of us tend to take for granted as being solved or in the past. However, the interactive discussions following the presentations gave the speakers a valuable opportunity to learn from the experience of others and take some new ideas home with them. They welcomed the encouragement they received from so many international colleagues.

I applaud the Organising Committee of the Canadian Health Information Management
Association for the sponsorship offered to some delegates from developing countries. As in many of these countries medical record/health information managers lack government support and professional recognition and to be given the opportunity to interact with their peers at an international level was an experience I am sure they will treasure.

Looking into the past, at the opening of the Fifth International Congress on Medical Records in Stockholm, Sweden in 1968 HRH Prince Bertil in his welcome address reminded participants that as at all international congresses it is the establishment of contacts as much as the formal sessions that is of lasting value. Something I can identify with and would also add that lasting friendships are an added reward.

In 1948 Elsie Royle Mansell identified that there would be great benefit if medical record workers could interact on an international level to exchange ideas and personnel – this became a dream which she fought for from 1948 to 1968. She never gave up for which we should all be extremely thankful.

Two of the most important and lasting issues over the past 45 years, as an international organisation, has been our commitment to educating medical record/health information professionals and the need to assist health record personnel in developing countries, not only in education but also in the development of the medical/health record services for which they are responsible. Both have been addressed by the many executive boards and other members during each term of office and are still being addressed and remain extremely important today.

We should all encourage our young graduates (and not so young) to attend an international congress at some time during their career. Not only to help make the congress a success but also to experience interaction at an international level, to learn that we all have the same problems, the same ups and downs, and the same sense of achievement when we know we are doing something which is worthwhile. It is an experience I am sure they will enjoy. I therefore encourage readers to consider attending the 18th IFHIMA Congress in Tokyo in 2016 – I hope to be there!
The Value and Challenges of Global Collaboration

Mollie Pillman
MS, CSSBB, RHIA
Sr. Director, Executive Operations, AHIMA
Email: Mollie.Pillman@ahima.org

My attendance at the 17th IFHIMA Congress this May was an extremely positive experience. In addition to world-class educational sessions, I found time to network with professionals from around the world, learned new information about how health information management is viewed and functions in other countries, and identified many similarities across cultures, professions, and great distances. I also was impressed by the organized outreach efforts of Lorraine Nicholson and others, whose hard work in developing countries such as Tanzania must be applauded.

Through conversations, sessions, and panel presentations, the most immediate need that I identified is for the development of an international curriculum and accreditation requirements to standardize what is taught globally within the HIM profession. In addition, practical education at varying levels and new training options will help to move the workforce forward and to gain recognition locally, nationally, and internationally. There was also feedback on a need for informational materials about what HIM is, what competencies professionals should be expected to have, and a definition of managers’ unique skills that differentiate HIM from similar roles in the healthcare industry.

It is my belief that all of these things can be accomplished in the short term through collaboration between IFHIMA, its national members, and other potential supporters both within and outside HIM. However, this collaboration is not without its challenges. Simple differences such as time zones, language, or technological capabilities can deter even the closest allies from meeting their shared goals. If we can all give a little bit extra and work to bridge the gaps, we can accomplish these objectives and more prior to the 18th Congress in Tokyo in 2016.

To effect great change, we have to establish common goals and speak with a shared voice. In the newly renovated AHIMA office in Chicago, a panel on the lobby wall displays a statement by AHIMA founder Grace Whiting Myers that expresses a need for genuine association and collaboration that is as true today as it was in 1929. She quotes, “The individual may do excellent work, but their horizon is limited. The group brings together all the excellence of many individuals, raises it to a high plane, and gives it a large outlook embracing great possibilities.” This is certainly within the mission of IFHIMA and should serve as a call to action for all HIM professionals who hope to move the industry forward and to stake our claim in a quickly-changing world. I am looking forward to working with all of you to do just that.
The 17th IFHIMA Congress held in Montreal in May 13-15, 2013 was the 7th I have attended since my first one in Dallas in 1988. When I first attended an international congress, I was so bewildered and excited about the new environment: such a huge number of attendees looking full of energy and enthusiasm, the exhibition hall with lots of booths advertising various products by the many vendors.

I had no idea what to expect, how to make international friends, how to enjoy the congress, and what to learn from the international colleagues in our field. As I participated more and more however, I made many international friends, and could enjoy the special characteristics of the congress in the hosting country.

Whenever I attend an IFHIMA Congress I return with lots of good memories and the Montreal Congress was no exception. I am going to share the good memories of the Congress.

The first image that comes to mind when I remember the Montreal Congress is a very large and modern convention centre which was very convenient for the attendees. CHIMA members at the registration desks met the attendees with warm greetings and the guides standing on every floor of the building were kind, pleasant, and made for easy trips within the building.

I attended the Education Day meeting which was very informative and productive. It was a good chance to learn about the advanced HIM education system, to recognize the changing trend of HIM education, and a good channel to help HIM education in developing countries. As it is an important forum for educators and those interested in HIM education, Kelly Abrams from Canada, Clair Dixon-Lee from the U.S., and all of the IFHIMA board members suggested and agreed to incorporate it more formally into the IFHIMA congress by having an education track or a specific event day rather than a day prior to the congress so that more people can attend without additional expense. I’m already curious as to how the Education Day will be organized for the 2016 Tokyo Congress.

One of the great pleasures of attending the IFHIMA Congress is hearing excellent lectures by experts from many countries and making a presentation myself. I especially enjoyed the “Data Quality, Data Integrity” session, and giving two presentations at that session: the “Progress Report on an International Examination for Morbidity Coders” and “DRG system in Korea” with three other presenters from the U.S., Japan, and Germany. Remembering the DRG session breaks my heart, thinking of Kathleen A. Frawley who was the presenter from the U.S. and was the president of AHIMA. Her unexpected sudden passing is a great sorrow and loss to all HIMs in the world.

The social event in the evening of the second day of the congress was impressive. It was a place of communication between many international colleagues and the chance to enjoy delicious Canadian food and a special performance. The maple syrup ball agglomerated at the end of a stick on the ice was very delicious, very special, and very Canadian. It was a truly spectacular evening that gave all our at-
tendees a strong impression and good memories.

The bidding presentations of four countries for the next congress venue were very impressive and interesting. Their traditional costumes, video presentations showing special things and views of their countries, and oral presentations were enough to get a feel for the characteristics of each country and to grasp their strong wishes to host the next congress. I would like to give Japanese colleagues a big hand for winning the bid and also to encourage the three countries who lost the bidding to try again next time.

International Congresses are always memorable for meeting up with friends and colleagues from across the world. How great it is to meet international colleagues from more than 30 countries in one place!

My personal highlight was meeting the Three Musketeers, three past presidents of IFHIMA: Carol A. Lewis from the U.S who was the president of IFHIMA from 1984 to 1988, Phyllis J. Watson from Australia, the president of IFHIMA from 1988 to 1992, and Ulli Hoffmann from Germany, the president of IFHIMA from 1992 to 1996.

Even retired from their works and IFHIMA long ago, the Three Musketeers always attend the IFHIMA Congress together. It’s not easy to take a long trip to attend the IFHIMA Congress at their ages, but still they contribute to IFHIMA by making a presentation at the congress, being scrutineers for voting on deciding the next venue of IFHIMA Congress, and writing the history of IFHIMA, etc. Whenever I meet them, I feel their sincere love for IFHIMA members. They are good role models, good leaders and patron saints of all IFHIMA members. I hope their international friendship and their love for IFHIMA will be everlasting, and we could see them again and again at IFHIMA congresses in the future.

As in my previous attendance at a IFHIMA Congress, I really was proud of being a part of the large international community of HIMs. Our knowledge base of the Health Information field and profession has been upgraded by sharing information with colleagues from around the world, and by making the global connections which are very important and valuable for helping each other. I say with confidence that the Montreal congress was one of the most memorable and successful conferences I have ever attended. I appreciate and congratulate CHIMA members for their great effort to make the Montreal congress an outstanding success.

From left to right (standing): Phyllis Watson, Joon Hong, Sister Mary Daniel Park, Ulli Hoffmann and Carol Lewis (sitting)
Mrs Omoleye Fadeyibi, Assistant Director, HIM Dept, University College Hospital (UCH), Ibadan, Oyo State; Mr. Mohammed Ibrahim Mami, Registrar, Health Records Officers Registration Board of Nigeria, Lagos; Wole Ajayi, President of HIMAN and IFHIMA’s Regional Director for Africa; Ms Angelika Haendel, President of IFHIMA 2013-2016; Godwin Odia (delegate from USA); Mr. Taiwo Olugbenle, Health Records Officer, Chevron Hospital, Warri, Nigeria; Mrs Mojirola Shote, IT Analyst, Chevron Hospital, Gbagada Lagos, Nigeria.

Mr. Mohammed Ibrahim Mami, Registrar, Health Records Officers Registration Board of Nigeria, Lagos; Mr. Taiwo Olugbenle, Health Records Officer, Chevron Hospital, Warri, Nigeria; Mrs Mojirola Shote, IT Analyst, Chevron Hospital, Gbagada, Lagos; Mr. Wole Ajayi, President of HIMAN and IFHIMA’s Regional Director for Africa; Yacubu Mohnkong (a Cameroonian delegate based in Montreal, Canada); Mrs Omoleye Fadeyibi, Assistant Director, HIM Dept, University College Hospital (UCH), Ibadan, Oyo State; Godwin Odia (delegate from USA).

Marci MacDonald, Canada (left) and Taiwo Olugbenle, Nigeria (right)

Margaret Samuel, St. Lucia (left) and Divya Bhati, India (right)
Congress Impressions
Night of a Thousand Festivals
Impressions of the Social Events in Montreal

Diversity

Networking

Inspiration

Creativity

Entertainment
The 18th IFHIMA Congress in Tokyo

Yukiko Yokobori
IFHIMA Regional Director
Email: yokobori@jha-e.com

Selection of the venue for the 18th IFHIMA Congress in 2016

On May 12, 2013, the 17th IFHIMA General Assembly convened in Montreal, Canada. Out of 19 National Member countries, 12 countries participated in the General Assembly and discussed the venue for the next (the 18th) IFHIMA Congress.

Australia, China, Indonesia and Japan submitted bids to host the Congress. To my knowledge, it was the first time that as many as four countries had submitted bids. This is a positive sign for IFHIMA and shows vast interest and expectations around the world on the future development of health information management. The countries delivered well-prepared, excellent presentations that made each country equally attractive as the host of the Congress. After the presentations, 14 National Directors present voted and luckily the right to host the Congress was awarded to Japan. Six Japanese presenters and other supporters from Japan at the General Assembly were overjoyed.

Plans for the 18th IFHIMA Congress in Tokyo, Japan

1. Plan 1: A national network of support

Japan Society of Health Information Management (JHIM) (5,700 members) is the National Member Association of IFHIMA. Japan Hospital Association (JHA) (2,400 member hospitals), the largest hospital association in Japan comprising all public and private hospital management organizations in Japan, is the parent organization of JHIM.

In addition, Japan Health Information Manager Association (2,700 members) has its secretariat within Japan Hospital Association. JHA and JHIM also participate as members of the Collaboration Centre for the WHO-FIC (World Health Organization Family of International Classifications) in Japan.

JHIM will have the full support of all of the above-mentioned organizations in hosting the 18th IFHIMA Congress. The Japanese Prime Minister, the Minister of Health, Labour and Welfare, Japan Medical Association, and the Tokyo Governor welcome Japan’s hosting of the Congress.

2. Plan 2: Presentation of ICD-11

The International Classification of Diseases (ICD), an important classification for international comparison of health information management, has been updated but not revised since the 10th revision in 1990, making multipurpose use of the classification difficult amid remarkable advances in medicine and informatics.

In the hope of developing an international classification fit for this new age, Japan Hospital Association has been contributing $300,000 each year since 2006 to WHO, and the 11th revision of the ICD is currently underway with the cooperation of experts in many different fields from around the world.
The timeline for the release of ICD-11 is 2015. We hope to present it to the IFHIMA community at the 18th IFHIMA Congress.

WHO is also planning to organize the Annual WHO-FIC Network Meeting in Tokyo at around the same time as the 18th IFHIMA Congress in 2016.

3. Plan 3: Making the Congress more accessible

The national network of support, mentioned above, will enable us to set low participation fees ($200) by international conference standards, allowing more people to participate. We also hope to think of ways to enable IFHIMA members as well as participants from many developing countries who are not members of IFHIMA to attend the Congress.

4. Second time in Asia, first time in Japan

The 15th IFHIMA Congress in South Korea was the only time that an IFHIMA Congress was held in Asia. The 18th Congress will be the second Congress in Asia and the first in Japan.

In Japan, health information managers and others concerned in hospitals, universities, and schools were delighted to hear the news of the selection of Japan as the venue for the IFHIMA Congress and have started to make preparations to welcome you to Japan.

The year 2016 will bring together the IFHIMA Congress, the Annual WHO-FIC Network Meeting, and the JHIM Annual Meeting in Japan. We plan to underline the importance of health information management as our message to the entire world at the Congress.

We look forward to your participation in the 18th IFHIMA Congress in Tokyo.

Yukiko Yokobori
Japan Hospital Association
Japan Society of Health Information Management
IFHIMA Regional Director
The Japanese HIM Association is planning an excellent meeting and you'll find information about it all over the web site: http://www.jhim-e.jp
Publishing Information

Editorial Board:
Cameron Barnes, Australia
Angelika Haendel, Germany
Marcia MacDonald, Canada
Lorraine Nicholson, UK
Margaret Skurka, USA

Global News Advisory Board
Ulli Hoffmann, Germany
Carol Lewis, USA
Phyllis Watson, Australia

PS:
If you do not wish to receive further IFHIMA/IFHIMA messages or editions of Global News please let us know and we will remove you from the mailing list (l.nicholson@zen.co.uk).

Disclaimer:
Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Angelika Haendel angelika.haendel@uk-erlangen.de for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.