

Selected* discussion documents

for the 1993

IMIA Annual General Meeting

Kyoto, Japan

*** A complete dossier with all relevant documents will be available in
Tokyo and Kyoto prior to and during the AGM**

REPORT FROM THE STRATEGIC PLANNING COMMITTEE

To IMIA Annual General Meeting
Japan 1993

I. Introduction

In September 1991, the IMIA Board began a strategic planning process to transform IMIA into an organization able to lead the international medical and health informatics communities into the 21st century because of its vitality and proactiveness. Two additional meetings were held to refine the process. In December 1991, the Issues Committee was tasked to develop a plan for the logical and controlled evolution of this "new" IMIA.

The Issues Committee had its first meeting in May 1992. The meeting was chaired by Dr Hans Peterson; Dr Otto Rienhoff, Dr Takashi Takahashi, Ms Jean Roberts and Dr John Silva participated.

There was a consensus that the discipline of health informatics is evolving very rapidly. There is an uncontrolled explosion of biomedical and computer literature. Most of those publications are not indexed; few meeting proceedings or books are indexed; and most medical informatics literature is transmitted vertically within academic specialty groups. Many important books are out of print and only available in few libraries. In addition, there is exponential growth in the number of individuals who participate directly in medical/health informatics activities, in both the academic arena and the commercial sector. The committee reaffirmed concerns that IMIA may not be meeting these needs of either the "new" informatics disciplines or their disciples.

The committee reviewed the minutes from the strategic planning sessions prior to their deliberations, and agreed to several overarching principles to guide their recommendations:

first, to use current IMIA structures and processes documented in the IMIA Statutes as a point of departure

second, to maintain current relationships with other organizations

third, to propose a structure, processes and outcomes for the orderly evolution of IMIA

fourth, to evaluate trends in medical/health informatics that will affect IMIA over the next decade

fifth, to use the following themes for the "new" IMIA as accepted by the AGM at its meeting in Geneva in August 1992:

Hans Peterson
May 1993

- IMIA must develop into THE BRIDGE organization which promotes and facilitates the cross-fertilization of information between other medical and health informatics organizations
- IMIA must support the mutual understanding and learning of representatives of research and industry
- IMIA must maintain its role as the proactive leader across the full range of interests by increasing its visibility outside the immediate IMIA community
- IMIA must add substantive value by aggressively disseminating medical/health informatics literature; developing, maintaining and promoting an index system; and becoming a catalyst for information exchange
- IMIA must fulfil a principal role as the "agent" to promote technology and knowledge transfer from research and development to clinical practice and management
- IMIA must provide an environment to nurture, promote and involve young or new investigators and professionals
- IMIA must extend the opportunities for participation to all segments of the medical/health informatics community via, open or regional, working conferences, training sessions and meetings which address the needs of its members
- IMIA's vision is that health care professionals will use ubiquitous worldwide communications and information services for patient care and health research. As a part of its leadership role, IMIA will serve as a catalyst for the formulation of information infrastructures which will enable this transformation.

II. The Present Situation

A. *The Present Situation of IMIA*

When the TC4 was established in the early 1970s, the dominant direction among professionals was the scientific development of the field. During the following two decades, the number of specialists worldwide exploded by one magnitude every professional generation, as shown in Table 1.

First Generation	1940-1960	300
Second Generation	1960-1980	3000
Third Generation	1980-2000	30000

Table 1. Number of Informatics Professionals Worldwide

Because most of the younger professionals do not have any direct contact to societies which are members of IMIA, they have built up numerous of new organizations, conferences, journals and the like. During recent years, a separation of scientifically driven professionals and operationally specialized professionals emerged, leading to separate professional structures in several countries. In the latest activities, the two directions have recognized the shortcomings of the isolated approach, and rearrangements are on their way.

The fast growing numbers of professionals and computer systems in healthcare have also led to a cultural evolution. While the first generation was rooted nationally, the second could gain success only by truly international exchange. However, many activities and know-how are readily accessible, and regional cooperation can fulfill most demands. Only a few objectives need global exchange, e.g., definitions or standardization. This move toward regional cooperation is further supported by the restrictions, increasing since the 1980s, on funding for travel. The regionalization of the world is also reflected by the industry which concentrates efforts more and more on regional markets with culturally similar environments.

As the field of IMIA has matured, so have its proponents. At least two generations of professionals are internationally active. As in other clinical fields, responsibility for appropriate tasks in their professional organizations can be assumed by

- the senior, internationally experienced professional
- the developing younger professional

Due to the growth in specialization and fields of expertise, the numbers of specialized institutions on national, regional and international levels have grown. In more and more countries, it is becoming difficult to nominate a single national member. Therefore, while keeping its traditional United Nations type of organization, IMIA requires more flexibility regarding the incorporation of individuals and organizations.

In Göttingen in 1991, the IMIA Board and its Strategic Planning Committee analyzed these aspects and formulated IMIA's goals and mission in an adapted mode. Nevertheless, IMIA will survive in the changing professional world only if it can provide tangible outcomes on

a regular basis, making an affiliation to IMIA an absolute must for any professional internationally. The financing of such a "new IMIA" can be accomplished only through the selling of "products" to the professional community.

B. Regional Groups—Culturally Similar Groups

To accommodate cultural differences in IMIA's organizational structure, it would be helpful first to identify culturally similar groups. One relevant cultural difference could be language; another could be similarity of the national health and social welfare system. In Europe, links have to be strengthened to the European Community. Countries which, for example, have followed the British Healthcare System might be interested in joining working groups which address their common interests.

There is some discussion whether small/general regional meetings reflecting the current structure may lose more and more interest as the medical informatics environment becomes too diverse to allow relevant professional exchange.

There is probably no final solution for an adequate reflection of cultural differences within IMIA, but the IMIA Board should recognize these differences in defining future Working Conferences and other activities.

C. Explosion of Biomedical Literature and Personnel

It is estimated that the volume of biomedical literature doubles every ten years. Many disciplines are significantly changed by this new knowledge. New disciplines emerge from the ashes of theories now proven incorrect. New technologies are thrust upon the informatics community almost daily. The total number of health professionals committed (full or part time) to informatics is increasing dramatically. Nearly all scientific meetings of health professionals have a designated informatics track or have informatics integrated into clinical discussions.

No comprehensive index or survey exists for this highly eclectic collection of medical/health informatics literature, meetings, proceedings or professionals. Some international organizations like the European Community are financing major international research activities, creating new professional areas and publishing their results. This situation gives rise to the demand for a "clearinghouse" of information and to the opportunity for IMIA to emerge as an umbrella organization providing a neutral forum for meetings and syntheses. This is a role ideally suited for IMIA, which in this context should cooperate closely with organizations like the European Community and the National Library of Medicine.

D. Synthesis of Professional and Scientific Interests

It is obvious from detailed descriptions of national situations in the USA, United Kingdom,

Germany and Japan (see Appendix 1) that

- there are national and cultural differences in how professional and scientific work is organized
- there is a supra-national need for an umbrella organization which serves different needs and different types of professional groups in different cultural blocks

III. The New IMIA

The vision of the new IMIA is that of an umbrella organization with a role to coordinate, facilitate, position as first-line source for information requests, and stimulate new clients/collaborators and members.

In bridging from academia and research to gain the greatest value for those active operationally in health informatics, IMIA must recognize the following key constituencies in addition to its traditional scientifically-oriented, university-based participants

- those running and managing the computing in support of direct patient care, working for the healthcare delivery organizations
- those working for vendors of informatics solutions and in consultancy who support the transition to effective health informatics use
- those doing leading edge research within vendor organizations

These groups will bring an extra dimension to IMIA—that of the practical use and operational environment.

A. *Mission*

The Issues Committee confirms the need to develop the IMIA mission, considering emerging issues in the light of crystallizing the objectives stated in the previous documents (Göttingen September 1991), particularly to

- monitor constantly the wide range of special interest areas and to focus support on actual and relevant new developments
- acknowledge and capitalize on the synergy and subsidiarity (collective value) of the constituent organizations and parts of IMIA

- minimize/limit the fragmentation currently identifiable between scientific and operational practitioners in health and medical informatics
- harmonize emerging competing organizations and bodies
- be flexible enough to adapt to the changeability of the "market", recognize the changing state of health informatics worldwide and position in such a way as to be able to operate effectively in each new scenario
- recognize the need to put effort and investment into raising the profile and awareness of IMIA both within and outside the IMIA organization
- balance equitably the support to emerging and already existing IMIA members
- position IMIA as the recognized gatekeeper for all issues relating to health and medical informatics internationally

B. Structure

IMIA must in the future be more recognizable, especially among younger professionals and students and in many more countries. It is therefore necessary to change IMIA's structure in such a way that more people, especially younger people, can be more involved in the activities.

One way to do this is to devolve the scientific work to the Special Interest Groups (SIGs) and the Working Groups (WGs). In order to allow IMIA to take action in new and interesting fields, a Special Activities function should be added. Scientific work which falls into the framework of IMIA could be partly funded. These activities should be of a shorter period and could raise the IMIA profile worldwide, especially if good quality feedback can be presented.

A key activity is running the MEDINFOs. The site selection, appointing the Scientific Program Committee (SPC) chairman, the Organising Committee (OC) chairman and the editors should be in the hands of the General Assembly (GA). A new policy for selecting sites for IMIA has to be adopted. As these events will be one of the main sources of income for IMIA, only sites where a good revenue can be expected should be accepted. This means that one of the most important criteria for selecting the site will be the possible income for IMIA.

If the three-year cycle for the MEDINFOs remains, the two years in between should be used for regional conferences and SIG/WG meetings/conferences.

Another activity for IMIA should be services to the members and chairpersons of IMIA activities. These services should include already existing activities such as the Newsletter, the Yearbook, the IMIA Bulletin and Indexing of MEDINFO, SIG and Working Conference proceedings. Indexing of papers not indexed today is a very important issue and will be further discussed under Indexing. The indexing work could be done at scientific institutions or by groups doing development work in a special field. IMIA could recognize these institutions or groups as a type of Collaborating Center. These Centers could also play an important role in education and training and support exchange of students and young professionals.

C. Organization

The Annual General Meeting should be renamed the General Assembly (GA).

Members

The members are one representative from each member country, nominated through a nationally recognized professional body. The existing regional groups are still members with the right to nominate a liaison officer to the IMIA Board.

The Annual General Meeting (AGM) has accepted a change in the Statutes which allows for Institutional Members. Institutional Members are vendors and academic institutions, professional organizations and governmental agencies. They do not have voting rights.

It should be possible not only for an individual organization to become an Institutional Member, but also for a group of vendors/institutions to become a member. In the latter case, the group has only one membership position, and the members of the group have to act through the group representative. A new sliding fee structure has to be worked out for the Institutional Members similar to that for the National Members. All members have the same benefits, regardless of fee.

Board

The President, the past President or the President elect, the Secretary and the Treasurer will form the Executive Committee.

There should be one Vice President responsible for each of the following five activities: Services, MEDINFO, SIGs, Member Affairs and Special Activities. This means five Vice Presidents. The composition of the board will then be the following:

The Executive Committee, the five Vice Presidents and the liaison officers
elected by the regional groups

The Executive Committee members shall be elected from among the National Representatives.

The Vice Presidents responsible for the activities need not necessarily be elected from among the national representatives. They shall be selected primarily on the basis of their qualifications to do the specific work, but shall be members of a national society already itself a member of IMIA.

The Executive Committee is responsible for activities concerning the General Assembly and office functions.

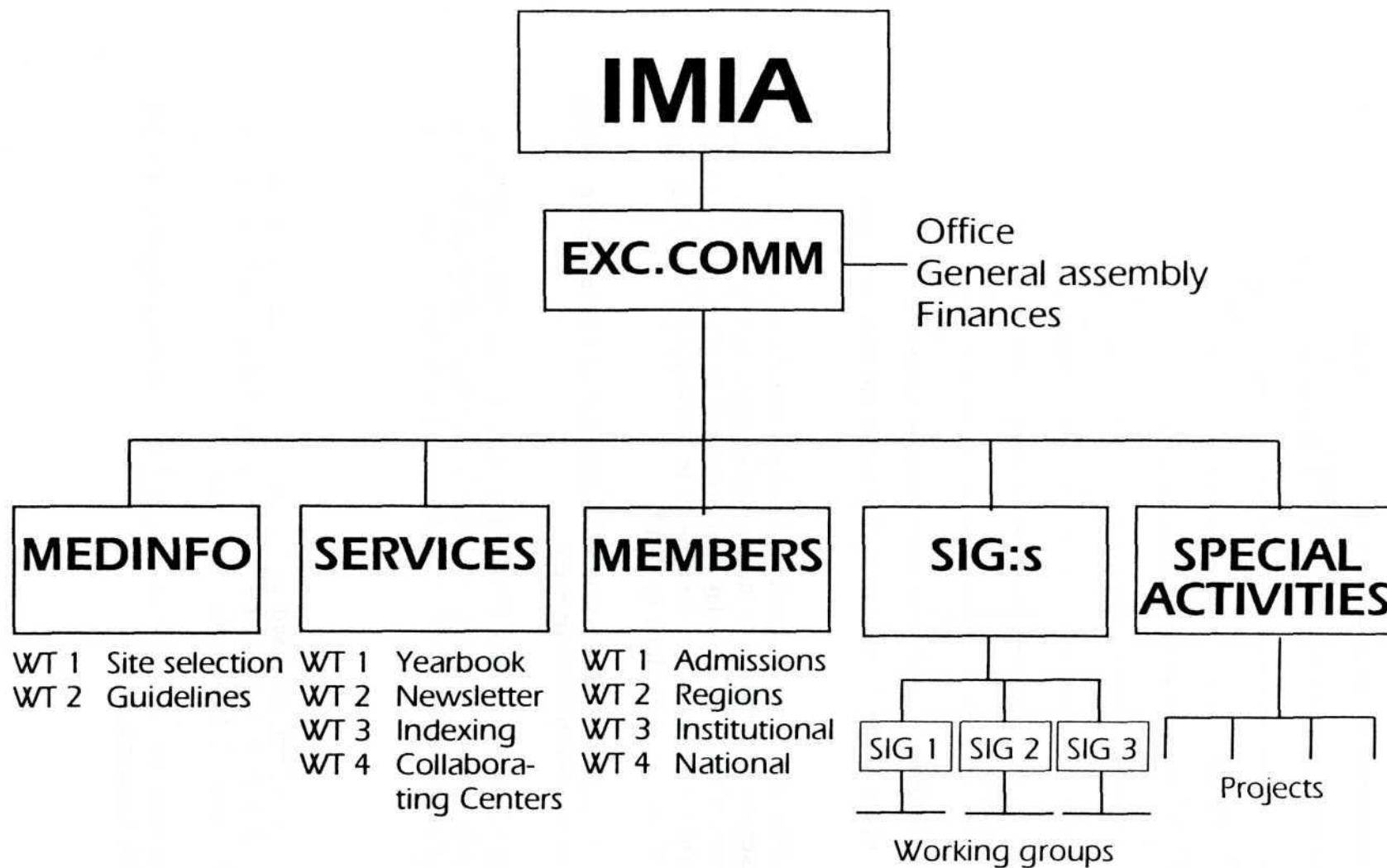
This organization gives each board member a specific responsibility. The President can concentrate on representing IMIA and coordinating all activities. The Vice Presidents are responsible for specific important areas of activities. The first is *MEDINFO* with at least two working teams, one for site selection and the other for guidelines. The second one is *SERVICES* with, for example, four working teams named Yearbook, Newsletter, Indexing and Collaborating Centers. The third is *MEMBERS* with at least four working teams called Admissions, National Members, Institutional Members and Regions. The structure of IMIA is shown in Figure 1.

A Vice President should be a senior person in medical informatics.

Guidelines should be prepared for the selection of Vice Presidents, who should have the capability of bringing others along and the ability to conceptualize very broad and complex issues. In addition, Vice Presidents should have demonstrated skills and past successes in coordination and communication and should be from different countries.

D. The General Assembly

The General Assembly (GA) will in this new structure be quite different from what it is today. The chairpersons of the SIGs, the WGs, the heads of IMIA Collaborating Centers and the members of the board who are not national representatives are also members of the GA. The number of people can be estimated to be over 100, as shown in Table 2.



WT=Working Team

<i>Membership Category</i>	<i>Numbers of Members</i>
National Members	50
Institutional Members	25
SIG and WG Chairpersons	20
MEDINFO Officials	10
Special Activity Chairs	10
Services Chairs	10
Heads of Collaborating Centers	10
Expected Total	135

Table 2. A Count of Members of the General Assembly under the New Structure

One day of the estimated two-day meeting should be the day when all SIG, WG and Special Activity reports are presented. In addition to these reports, papers could be presented on a special topic. Designated IMIA Day, this day could be open to governmental officials, WHO regional office people and specially invited guests. In this way, all these groups could be involved in and briefed on the work done by IMIA.

The General Assembly will be a major showcase of IMIA activities and products for various organizations, industry and governmental agencies.

The IMIA Yearbook and a new edition of the Newsletter should be available at the General Assembly. It should present a synopsis of IMIA activities and products, highlight the major accomplishments in medical and health informatics, and give details on how to contact key participants.

E. Funding

IMIA's funding problems have been discussed, and many suggestions have been made. To date, there are many hidden costs. Support for the SIGs and WGs is very limited. The surplus from MEDINFOs seems to be less than expected.

The IMIA Treasurer has made the estimation shown in Table 3 for IMIA expenses if IMIA wants to operate on a solid financial basis.

<i>Category of Expense</i>	<i>Allocation in k CHFr</i>
Newsletter	6
Administration	16
Board Meetings	3
Grants (SIGs, WGs)	40
Loans	5
Yearbook	16
Various	5
Total	91

Table 3. Estimated Annual Expenses for IMIA

This means there still are some hidden costs.

Up to 1992, yearly income has been as shown in Table 4:

<i>Source of Revenue</i>	<i>Amount in k CHFr</i>
Membership Fees	20
Royalties	4
MEDINFO (average)	20
Interest	6
Total	50
For 1992: Institutional Member Fees	25
1992 Total	75

Table 4. Estimated Annual Revenues for IMIA

The main source of income in the future seems to be the Institutional Membership fees. If the number of Institutional Members doubles, income would be in the order of 100 k CHFr.

The other possible source of income that can be increased is from the MEDINFOS. If IMIA

sticks to the principle that the Local Organizing Committee has to pay IMIA a fixed amount for each registered full delegate. If the number of participants is between 1500 and 2500, the average yearly income for IMIA from MEDINFOs could be doubled.

F. Secretariat

IMIA needs some kind of permanent secretariat. The secretariat in Geneva should serve the basic function of keeping records and providing the official address.

In addition, some funds should be available for the the members of the Executive Committee to arrange help in the best possible way at their own offices. This takes care of problems with variable workloads and geographical locations and at the same time is much less costly than a central office with secretarial staff.

It must be a key task for the Secretary of the Board to organize secretarial support and to update the IMIA address list.

G. Support

IMIA should as today give loans and grants to the SIGs, WGs and special activities. The way to do this should be described in the revised Guidelines.

IV. "Products"

A. Guidelines for SIGs, Working Groups and Working Conferences

The draft already available has to be revised.

B. Nomination of IMIA Collaborating Centers

IMIA has conducted important working conferences for over three decades, organized eight MEDINFOs and collaborated closely with editors of several journals and book series. The resulting information is documented in proceedings and journals which form the basis of our discipline.

For the past 30 years, the international exchange of professionals, scientists and medical informatics students among well established institutions worldwide has been a backbone of professional education. These activities often have been supported by WHO and by industry and international organizations like the Kellogg Foundation and IAESTE.

To further promote these important activities, IMIA should nominate and support IMIA collaborating centers. Collaborating Centers are institutions which actively support the

international exchange of professionals, students and information; keep a major stock of relevant literature; and have at least five senior health/medical informatics professionals. (Here rules similar to those for WHO collaborating centers could be included.)

Centers in industrialized countries gain moral but no material support. Centers in developing countries can be included in the IMIA literature support program to further build up their literature stock. The Collaborating Centers should be an important part in the literature indexing program. The head of the Collaborating Center is entitled to participate in the IMIA General Assembly.

C. Indexing System and Publication

During recent years, various editors of journals and book series related to IMIA have tried to consolidate their index systems and the instructions to authors in the MI field. The latest index prepared is the MEDINFO 92 index, which was compiled for the proceedings volumes. Indexing is also necessary for many activities related to the IMIA yearbook. It is necessary to set up a cumulative index of all MEDINFO proceedings. All these activities should be handled by the Publications Committee. In the future, indexing work can be done by IMIA Collaborating Centers.

The Yearbook and the IMIA Information Bulletin are very important information channels and should have a high priority among IMIA activities.

The Issues Committee strongly recommends that the IMIA Yearbook also include papers indexed within IMIA. If the Publications Committee prefers, it could be in a separate part of the Yearbook.

END OF REPORT

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