Message from the Editor

The editorial office of the IMIA-Newsletter would be happy to receive manuscripts as textfile (Word, ASCII) on disk. On the other hand the Newsletter is available on disk as Page-maker-File or as separate textfiles for anyone who wants to reprint parts of it.

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IMIA Literature Support Program

Due to donations from North-Holland and Springer IMIA will be able to mail Medical Informatics literature to scientists in developing countries again. During July and August 1993 more than 400 books will be shipped out again from Marburg, Germany.

MEDINFO 95 Venue Changed to Vancouver, Canada

MEDINFO 95, the 8th World Congress on Medical Informatics will be held at the Vancouver Trade and Convention Centre, in Vancouver, British Columbia, Canada from July 23-27, 1995.

As a result of a number of unfortunate circumstances, the Brazilian Organizing Committee for MEDINFO 95 has, with considerable regret, advised the Board of IMIA that they will not be able to host MEDINFO 95. With great sadness, particularly considering the herculean work done by Dr. Daniel Sigulem and his colleagues, the Board accepted their decision. Fortunately, COACH, Canada’s Health Informatics Association, who had previously offered to host the MEDINFO, was kind enough to respond positively to the IMIA Board’s invitation to "step into the breach". These decisions were taken at the Jerusalem Meeting of the Board on April 17, 1993. Since that time, a great deal of organizational activity has taken place and the initial planning process and the associated administrative arrangements between IMIA and COACH have been finalized.

The Vancouver Trade and Convention Centre, also known as Canada Place, was the "Jewel" of "EXPO 86" and is among the finest meeting and exhibition facilities in North America. Meeting facilities are state-of-the-art and amply meet the Scientific Program Committee’s needs; some 300 exhibit booths are available to potential vendor exhibitors.

Vancouver is rated as one of the top ten convention cities in North America. It is a friendly city located in a natural ocean-side setting surrounded by towering mountains - it has been acclaimed as one of the six most beautiful cities in the world. This cosmopolitan city is noted for its many cultural and natural attractions as well as its ethnic diversity.

The ceremonial and social components of the Congress will provide participants with the opportunity to enjoy some of the city’s attractions, notably the Vancouver Aquarium and Zoo and the B.C. Science and Enterprise Centre.

continued page 3
François Grémy received an Honorary Doctorate of the University of Louvain

On May 14, 1993, for the first time in history, an Honorary Doctorate has been attributed in the discipline of Medical Informatics.

Prof. François Grémy, one of the founders of the International Medical Informatics Association (IMIA) and its first President, has received this degree from the Rector of the University of Louvain (UCL), P. Macq, in the presence of J.L. Willems (KUL), past President of IMIA, because of his important contribution to the development of Medical Informatics and its applications to health care.

He was introduced by André Bouckaert, biostatistician, who thanked the scientific man, biophysicist, cardiologist, statistician, Professor at the University of Montpellier, President of the National School of Public Health of France (Rennes), the "organizer" founder of MEDINFO in Stockholm, of IMIA in Paris, of the French Association for Medical Informatics as well as of the "Journées Francophones d'Informatique Médicale", the author of quoted books and multiple articles, a recognized expert, member of the "Groupe des Sages" in France, as well as "the friend", who has multiple links with the Department of Hospital and Medico-Social Sciences of the UCL, headed by J.J. Haxhe, especially with Francis Roger-France, former Vice President of IMIA. He helped Francis Roger-France in his work to develop uniform medical record summaries in Belgium and in Europe, in applications of resource management and quality of care and in the development of teaching and training programs in Medical Informatics.

François Grémy commented in his talk historical links between the old University of Montpellier, where the Faculty of Medicine was founded in the XIth century and the younger faculty of the University of Louvain founded in 1425.
The Organizing Committee is now chaired by Kathryn Hannah, well known by her IMIA colleagues; the Organizer is Steve Huesing, Vice-chair of the Committee and the Executive Director of COACH. The MEDINFO 95 team is completed by Shigekoto Kaihara, Chair of the Scientific Program Committee, and Robert Greenes, Chair of the Editorial Committee.

The Call for Participation was published and distributed in late July. Potential corporate patrons and sponsors are currently being contacted. The Exhibitors Prospectus will be available in early September.

Plans are also currently formulated for pre-conference tutorials.

MEDINFO 95 and its theme, "Medical Informatics Towards the 21st Century: From Theory to Practice" promises to be an exciting and educational opportunity for the informatics scientist, the practitioner and the user alike.

The opportunity to network with colleagues is without parallel. For vendors it’s a unique opportunity to exhibit in an international environment. The venue and the dates of the congress are excellent for sharing the "total experience" with family and friends.

Contact
MEDINFO 95
Suite 216
10458-Mayfield Road
Edmonton, Alberta
Canada, T5P 4P4
Tel. 403-489-8100
Fax 403-489-1122

HELINA 93
The First Regional Conference on Health Informatics in Africa

The first Regional Conference on Health Informatics in Africa, HELINA 93, was hosted in Ile-Ife, Nigeria, April 19-23, 1993. The event has a historical significance because it was the first regional conference in Africa in the field of information technology in the health sector. When followed up by similar future conferences, HELINA could be said to have joined the global MEDINFO, the regional European MIE, and the Latin American IMIA-LAC conferences on the same subject.

The conference was organized under the auspices of IMIA. The Local Organizing Committee was established by the Obafemi Awolowo University (OAU) Computer Science Department and the OAU Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria. An Overseas Bureau was run by the Computing Centre, University of Kuopio, Finland. HELINA 93 was also co-sponsored by World Health Organization (WHO), International Federation for Information Processing (IFIP), Regional Informatics Network for Africa (RINAF) Project (UNESCO), International Development Research Centre (Canada), Federal Ministry of Health and Human Services (Nigeria), Academy of Finland, Royal Ministry of Foreign Affairs (Norway), Commonwealth Secretariat (United Kingdom), DataTre & InterSystems Co. (USA), and personal contributions.

All language groups of African countries were represented.

The HELINA 93 comprised scientific papers, workshops, tutorials and keynote addresses. 31 scientific papers were selected for presentation through two-phase blind refereeing procedure by an International Program Committee. A keynote address and seven tutorial lectures laid the foundation for different sections of the program. The authors, co-authors and other presenters came from Africa, Europe, North America, South America, Asia and the Pacific. The audience was equally divided into health/medical care and computing/communications professionals.

The program also included five parallel workshops for practically oriented discussions and hands-on sessions. As a post-conference event, and in coordination with the HELINA 93 Scientific Program and Organizing Committee, UNESCO's RINAF Project held a training course on networking and e-mail for 20 West and Central African participants of HELINA.

continued next page
The exceptional geographical coverage of the conference was matched by an equally fine coverage of health informatics topics. These were National Health Informatics Policies and Strategies; Informatics in Primary Health Care Management; Hospital Information Systems; Epidemiological Surveillance and Research; Information Storage and Retrieval; Informatics and Health/Medical Education; Knowledge-Based Systems; Networking and Communications; and Technology and Applications Development.

Inedited versions of the scientific papers were available to the participants as a HELINA 93 Preconference-Proceedings. The proceedings of HELINA 93 will be published by Elsevier/North-Holland.

The organization of HELINA 93 was not without some major difficulties. Nearly all African participants, outside of the host country, needed full sponsoring in order to be able to attend. This made the organizing task of HELINA 93 quite different from that of the revenue-generating conferences in industrial countries. Fund raising was the main concern throughout the three year period of organization. Extreme sparing, austerity and even personal sacrifices enabled all but a few of the African countries to send participants.

The closing session included an evaluation of the conference organization and content. HELINA 93 participants unanimously regarded the conference very actual and a big success. HELINA 96 should be planned. An atmosphere of enthusiasm and pioneering was particularly noted. HELINA 93 shed the light on the geographic and substantive spread of informatics in health care in Africa, which was beyond what was believed before. A typical comment was, "I didn't know there was so much Health Informatics in Africa and carried out mainly by Africans". It was also appreciated that unlike most such conferences, the presentations in HELINA 93 were not just academic treatises but oriented towards a social objective - Health for all.

The combination of a training event and a scientific event, through tutorials and submitted papers, was appreciated and recommended to be followed in the future. The future HELINA's are to include more hands-on sessions and demonstrations, and can be preceded by pre-HELINA national workshops and symposia. Invitations to host and organize HELINA 96 were expressed by three countries.

It was decided that, until the next HELINA, an electronic bulletin board be established and that e-mail and the IMIA-Newsletter be utilised for further communication amongst the "HELINA community". Moreover, a roster of training facilities and individual consultants, properly screened, will be established. A future IMIA Board is to discuss the establishment of a regional set-up to promote collaboration amongst national Health Informatics societies in Africa.

Finally, it can be confidently stated that a most tangible long-term outcome of HELINA 93 was the establishment of informal links between a clearly evident Health Informatics community in Africa. Good and bad experience was exchanged, common concerns identified, contacts and collaboration plans created. The participants unanimously stressed that HELINA 93 would be recalled as a major catalyst for the development and sharing of improved policies, procedures, systems, facilities and human resources for the relevant informatics support to health care in Africa.
A very successful conference on Medical Informatics took place at the Autonomous University of Guadalajara, March 31 - April 4, 1993. More than 150 participants attended workshops, seminars and a large exhibition in the Conference Center in the Autonomous University. Several European and American colleagues exchanged their experiences with the local specialists from Mexico. The president of IMIA-LAC, A. Rosales, Cuba, as well as his predecessor, V. Yacubsohn, Argentine, supported the conference, as did officials from the State of Jalisco (Dr. S.P. Rivas) and the University (Dr. A.L. Larios Canale, J.J.L. A. Del Castillo, A.L.A. Del Castillo, Dr. L.G. Gutierrez, Dr. J.C. Pacheco, G.D. De Tiessen, J.L.A. Villegas). The WHO was represented by Dr. S. Mandil.

The conference was prepared and organized by Dr. A. Espinosa and his colleagues and staff of the Department of Medical Informatics at the University.

The last meeting in Mexico took place in 1982, when the Mexican Society of Medical Informatics was founded and E. Molino became its first president. The next InfoMedica is planned to take place in two years Guadalajara. A Mexican follow-up seminar for a limited number of participants and a duration of one to two weeks was discussed for early 1994. During the conference a special interest group on hospital information systems was founded and will have its first meeting shortly after the conference.

The Autonomous University of Guadalajara (Universidad Autónoma de Guadalajara UAG) is an institution born of the concept of a dedicated group of Mexican professors and administrators in the context of a cultural tradition with universal perspective. It is situated within the academic and research context with universal perspective. It is situated within the context of the Mexican educational system and in order to achieve its educational mission, its educational system and in order to achieve its educational mission, it has always been non-political, non-profit, fully Mexican and deeply involved in its societys constant service of the community in different areas of its own country and Latin America.
The Working Conference, held on March 28-31, 1993, addressed the organizational and human factors of information technology and technological change. The meeting in Cincinnati focused on the organizational impact of medical informatics efforts and on the skills and change management strategies necessary for successful informatics implementations.

The working conference, which was prepared by Nancy M. Lorenzi (Chair, Organizing Committee) had four specific goals:

1. To identify, define, and promote effective strategies for introducing change in complex medical organizations, especially those focused on human factors and culture.
2. To identify and define those leadership characteristics which lead to successful implementations of medical informatics principles.
3. To identify methodologies for determining strategic direction and strategic alignment of the medical informatics function within organization.
4. To identify effective organizational models for different types of organizations with regard to medical informatics.

The working conference was divided into seven sessions beginning with an overview of the major impacts of medical information technology from a consultant's and a senior medical leader's perspectives. The other sessions included: case presentations; organizational issues for implementing change; change strategies in multi-complex systems; a review of national health systems and change; evaluation; and conference outcomes.

One of the outcomes was the desire for a newsletter that focuses on the human factors of technology (see page 13).

There were 47 participants in the working conference, representing four countries: Canada, The Netherlands, United Kingdom, and the USA. Participants included 8 M.D.'s and 18 Ph.D.'s. The Ph.D. degrees included: anatomy, anthropology, economics, education, library science, organizational behaviour and organizational development, and sociology.

The participants represented academia, government, health care, and industry, and currently work as: administrators, consultants, evaluators, medical librarians, medical practitioners, IS practitioners, and teachers. Their ages ranged from 20's to 60's, and there were 32 males and 15 females.

The proceedings will be available in a few months.

Results of the Working Conference were reported to the Medical Library Association, Chicago, May 1993 by Linda Watson (see box on next page).
Organizational Issues of Technology:
Report of the Cincinnati Conference

Extract:
... The goals of the conference were to explore the nature of the change process in health organizations, and to look at measuring the impact of change brought about by information technology. By the end of the conference, we had addressed four major topics through presentations, small group discussions, and continued discussion during breaks and social events. We explored:

1) more effective strategies for introducing change into today’s complex medical organizations,
2) strategies for determining informatics directions for our organizations,
3) practical definition of the leadership characteristics necessary for successful informatics programs, and
4) strategies for effectively managing the new organizations that emerge as the result of implementing new systems.

The conference was interwoven with both theoretical and common-sense exploration of change - why it is so difficult and how it can be managed.

One clear message was the important role that Organization Development professionals can play to help guide the change process.

During the conference, we heard first-hand of systems implementations - both what worked and what didn’t. In fact, it is significant that people are beginning to talk and write about the failures, and share disappointments as well as successes. We can definitely learn from the experience of others, although it still appears that we often don’t.

So, some of the lessons learned:
Information systems planning and implementation must support an institution’s corporate mission and goals; too often the business is forced to conform to the technology. For example, we force physicians to adapt to the computer system interface rather than build the interface to mirror the practice pattern of the physician.
Don’t underestimate the resources needed for change management, and then the evaluation and followup of that change process. Changes in health care, and rapid changes in information technologies create trauma and confusion. We need to acknowledge it upfront and manage to it.

Opinion leaders, change agents and champions are needed. This is one of the few universally accepted and documented facts in diffusion literature.
In a medical center, this usually needs to be a practicing physician. Physicians need to be involved in planning and implementation committees, and be asked to provide frequent feedback to prototype systems. If a champion (or champions) can be identified and nurtured, the system has a better chance of success.
Failures in system implementation are due to organizational factors 80% of the time and technology factors only 20% of the time (that familiar 80/20 rule). Planning for managing the human aspects should take place concurrently with systems planning (but it often doesn’t). This kind of “soft” issue is often considered too much "overhead".
The role of the Chief Information Officer is changing worldwide. The new style CIO should have a mixture of technical, people and political skills and, because the perfect mix may not exist, the person should know what she or he does not know and hire people with complementary skills.
There was agreement that an aggressive implementation schedule (the hare approach) is preferable to a slower one (the tortoise approach), but there was also agreement that careful planning, team building, and broad involvement are necessary no matter what approach is taken.
The pace of change and accurate future projections are difficult; you can’t be absolutely certain of the right thing to do, things change too fast. But you can identify most of the critical factors/products (the core) and accept the fuzziness of the rest. Information systems must be flexible; there is a tradeoff between exact requirements and total efficiency now, and flexibility for the future. We must adopt the principle of successive approximations, or being happy with making progress towards our goals without achieving perfection. Perfection is too expensive - we need to be happy with 70% - 80% success.
Monitoring, feedback, evaluation, and satisfaction studies are necessary for "organizational learning."

by Linda Watson
Claude Moore Health Sciences Library,
University of Virginia, Charlottesville, VA, USA
Nearly 900 specialists attended the joint international conference on imaging in Radiology in the Berlin International Congress Centre, Germany. H. Lemke, Berlin, had again taken the enormous load of organizing this event.

The program attracted representatives of nearly all key research and development teams. The conference was accompanied by an industrial exhibition.

Besides oral presentations and a major poster exhibition the personal exchange of relevant information about various technical projects around the world played a key role during the week. Special focus was laid on Japanese projects and the PACS evaluation schemes at Hammersmith Hospital, London and the MDIS Project of the US Army.

B. Moser-Illmann from the Organizing Committee donated 100 proceedings volumes of CAR conferences to the IMIA literature support program. The Proceedings were already available at the conference:


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**NEWS from the National Library of Medicine**

**Israel: the Newest MEDLARS Center**

On April 16, 1993, a formal agreement establishing a MEDLARS Center in Israel was signed by the National Library of Medicine (NLM) and the Hebrew University-Hadassah Medical School. NLM Director Donald A.B. Lindberg, M.D., signed the Memorandum of Understanding at a ceremony held at the Israel Ministry of Health in Jerusalem. Signing for the Hebrew University were the Dean of the Faculty of Medicine, Oded Abramsky, M.D., and the Associate Dean, Avraham Rapaport.

"The Israel MEDLARS Center is the first of a new generation of international centers that rely on the Internet for online access to NLM's databases using Grateful Med," said E. Siegel, Ph.D., NLM Associate Director for Health Information Programs Development.

This agreement implements a library policy governing the establishment of new centers first announced last fall by NLM's Richard K.C. Hsieh, Dr. P.H., Director, International Programs, at the meeting of the international MEDLARS Policy Advisory Group (IMPAC).

**Fourth Edition of UMLS Knowledge Sources Issued**

The 1993 edition of the Unified Medical Language System™ (UMLS) Knowledge Sources is now available. Intended primarily for system developers, the fourth experimental edition contains substantial enhancements to the Methesaurus* and minor changes to the Semantic Network and the Information Sources Map.

As with previous editions, the 1993 UMLS Knowledge Sources are available free of charge under the terms of an experimental agreement that requires recipients to provide feedback on their use of the Knowledge Sources and suggestions for improvements. Those who have signed an experimental agreement for the previous edition will receive the new version automatically. Others may download sample records, documentation, and copies of the experimental agreement from the National Library of Medicine (NLM) anonymous FTP file service at nlmpubs.nlm.nih.gov (UMLS documents are located in the \nlmpubs\umls directory) or may request these materials from Betsy L. Humphreys, Deputy Associate Director, Library Operations, email: blh@nlm.nih.gov.
Medical Informatics in the U.S.

Medical Informatics as a Medical Sub-Speciality

The first steps have been taken towards establishing a formal certification in the U.S. for medical practitioners of informatics. The American Board of Medical Specialities (ABMS) has received a letter of intent, indicating that a proposal for this certification will be submitted. However, because of the extensive documentation and approvals required, the process for establishment of this certification is likely to take at least a decade. Medical Informatics as a medical subspeciality was first established in Germany in 1979.

Coordinating Healthcare Informatics Standards

The American National Standards Institute (ANSI) has established a Healthcare Information Standards Planning Panel (HISPP), under the chairmanship of Clement McDonald, of Indiana University. This panel is now designating certain standards organizations as the focal point for the U.S. standards efforts in particular areas. For example, the work of the American College of Radiology/National Electrical Manufacture's Association (ACR/NEMA) on standards for digital image transmission of medicine (DICOM) will likely serve as the basis for image transmission standards used in other specialties, such as pathology. HL7 is responsible for order entry, admissions, and financial transactions within institutions. ASTM E31.11 and .16 will coordinate standards for communication of clinical observations and results. The HISPP looks forward to working with other groups, such as CEN TC251, to establish international ISO standards for informatics. Contact for ANSI: Steve Cornish, ANSI, 11 West 42nd St., New York, NY, 10036, Tel. 212-642-4969

Information Management Part of Hospital Accreditation

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), responsible for accrediting hospitals in the United States, has recently announced plans to include information management systems in its inspections of hospital facilities. While the proposed standards do not explicitly require the automation of information management, many observers believe that the only practical means of compliance will have to be automate. Proposed standards are now being circulated for comment, and were issued in August, to take effect January 1994.

The JCAHO has long taken a proactive role in improving the quality of healthcare services; it appears that they now recognize the crucial role of information management in enhancing quality care.

Computerized Patient Record Institute

Subsequent to the publication of the monograph: "The Computer-Stored Patient Record: An Essential Technology for Health Care" by the Institute of Medicine in 1991, implementation of such records has become an increasing focus on the Medical Informatics community in the U.S. The Computerized Patient Record Institute (CPRI) was founded in January 1992, and includes several active working groups, focusing on standards for record coding and structure, demonstration projects, security and confidentiality, and education (of those who do not yet understand the concept and benefits of an electronic medical record). CPRI is headquartered in the offices of the American Health Information Management Association (AHIMA) in Chicago, Tel. 800-621-6828.

Health Identifier

Unlike several European and other countries, the United States lack a universal health identifying number. It is commonplace for medical workups, laboratory testing, and so on to be duplicated when a patient is seen at a different institution, because records are not shared, and it is so difficult to link the same patient's records generated in different institutions. Recent proposals, adopted by several professional informatics organizations, suggest the use of the Social Security Number (SSN) (which is now used primarily for maintenance and linking of financial and taxation records), plus a check digit. This has engendered a lively debate regarding confidentiality (or the lack of it), and the many segments of the US patient population who lack a SSN. Not waiting on the outcome of this debate, the Congress of the U.S. is considering, and may well adopt legislation mandating use of the SSN as a health identifier.
Coming Events

AIME 93
4th Conference on Artificial Intelligence in Medicine Europe
Munich, Germany, October 3-6, 1993

Outline

The European Society for Artificial Intelligence in Europe was established in 1986 to foster fundamental and applied research in artificial intelligence and symbolic information processing techniques for medical care and medical research. AIME also assists industry in identifying high quality medical products which exploit these techniques.

A major AIME activity was and will be a biannual series of international conferences: Marseille (1987), London (1989), Maastricht (1991), Munich (1993) and Pavia (1995).

These conferences show recent scientific results presented in oral contributions, posters, and demonstrations.

An important part are the tutorials which are both methodological and user oriented. Papers are invited on any aspect of theory, design or applications of medical AI systems. Submissions will be refereed on the basis of a draft, full length paper containing the following information:

- Title, authors, text about 5000 (Posters 500) words including used methodology, references, etc.

Deadline
August 15, 1993
Early registration

Contact
AIME 93
c/o GSF Forschungszentrum
Kongreßdienst
Ingolstädter Landstr. 1
D-91465 Neuherberg
Germany
Fax 49-89-3187-3008

XXX. International Congress on Military Medicine
Augsburg, Germany, June 5-12, 1994

Outline

Information technology support of the medical services will be the main track of the international congress. About 1500 participants are expected, of which 400 are coming from the 110 member countries of the International Committee of Military Medicine and Military Pharmacy. The German Surgeon General G. Desch, who will be president of the International Committee from 1994 onwards, promoted the selection of the IT topic substantially.

Contact
Col. Folker Meissner, M.D.
Akademie des Sanitäts- und Gesundheitswesens, Vorbereitungsstab CIMM Kongreß 1994
Neuherbergstr. 11
D-80937 München, Germany
Tel. 49-89-3168-0
Fax 49-89-3168-3395

International Conference
Expanding Boundaries of Nursing Education Globally
Bolzano, Italy
October 6-8, 1993

Outline

The purpose of the conference is to provide an opportunity for international nursing leaders to share innovative approaches to nursing education toward the goals of:

1. Expanding the boundaries of nursing education worldwide
2. Sharing innovative approaches to nursing education, including faculty and student exchange programs
3. Reporting cross cultural and collaborative research
4. Developing collaborative research.

19 main presentations are focusing the nursing education. 22 countries will be represented by 52 papers and 45 posters.

Contact
ISIRI
Via Udine
I-35142 Padova, Italy
Fax 39-49-8803646

IMIA-NEWSLETTER/VOL 17.2
Coming Events

Second International Conference on
Strategic Issues In Health Care Management
St. Andrews, Scotland
March 24-25, 1994

Outline
Following the success of the 1993 conference, this Second International Conference focuses on issues of strategic importance for academics and practitioners interested in health care environments. The recent escalating real costs of health care systems have initiated increased demands for resources and raised questions of rationing and choice. These issues are being addressed in a variety of differing ways, both inter- and intranationally.

This second Strategic Issues in Health Care Management Conference invites papers from academics and practitioners which describe and analyse the broad theme of:

"Setting Priorities In Health Care"

Examples of the areas for which papers are sought include:
- methodological issues,
- philosophical and moral perspectives,
- international perspectives on prioritising healthcare,
- UK experience at national and local levels,
- public acceptability and public participation,
- measuring outcome,
- technological impact,
- Oregon experience, and
- legal dimensions.

The aim of the conference is to assist academics and practitioners in the health care sector to identify both problems and potential solutions.

Further information and registration details will be sent to prospective participants nearer the time.

Deadlines
November 15, 1993
Paper abstracts of no longer than 250 words (in both hard copy and on floppy diskette)

December 1, 1993
Notification of provisional acceptance

January 15, 1994
Full papers must be received by the organisers

Contact
Mo Malek
Department of Management, University of St. Andrews
Kennedy Gardens
St. Andrews, Fife, KY16 9DJ
Scotland, UK
Tel. 44-334-62806
Fax 44-334-78970

MIE AMICE 1995
Amsterdam,
The Netherlands
May 28-June 3, 1995

Outline
The MIE AMICE conference will deal with a series of issues related to medical documentation like medicine, medical practice, nursing, case management, resource management, quality, longitudinal patient history, privacy, legal issues, patient logistics, communication, reimbursement and funding. Tutorials, master classes, panel discussions and excursions will give insight in the theory, the development and implementation from concepts to realization.

The MIE AMICE conference hopes to contribute to the process of a functional use of information technology for the medical documentation in a broad sense. Everybody interested in a multi purpose approach of medical documentation should attend this conference, for all others this conference could be a good starting point.

At least it is a good reason to attend the 25th anniversary of the Dutch Medical Informatics Association (VMBI) and visit the Netherlands. Exhibition area is still available, companies are invited to exhibit their products.

Contact
MIE AMICE 1995
VMBI c/o Erasmus University
Room 2116
P.O. Box 1738
3000 DR Rotterdam
The Netherlands
Tel. 31-10-408-8127
Fax 31-10-436-2882
Coming Events

5th International Congress of Nursing Informatics
NI 94
San Antonio, Texas
June 17 & 19-20, 1994

8. Confidentiality (Security, Legal, Ethical).

Eleven preconference tutorials are planned for June 17, 1994. Each tutorial, on an important informatics topic, is offered by invited experts.

Deadlines
November 1, 1993
Papers' Edit/Review by Scientific Program Committee
December 1, 1993
Return papers for revision to authors as needed
January 2, 1994
Revised papers from authors due at Secretariat's office - Austin Registration for presenters
March 18, 1994
Early Registration (for other than presenters)
June 17, 1994
Opening of NI94 for preconference tutorial sessions

Contact
Conference Secretariat
Prof. Susan J. Grobe, RN, Ph.D.
Nursing Informatics '94
Director of Research
University of Texas
1700 Red River
Austin, Texas 78701 - 1499
USA
Tel. 1-512-471-7311
Fax 1-512-471-4910

3rd Panhellenic Congress of Medical Informatics
Thessaloniki, Greece
May 13-15, 1994

Outline
The 3rd Panhellenic Congress of Medical Informatics will take place in Thessaloniki in the Helexpo Congress Centre.
Topics will be: Health Information Systems, Data Bases, Artificial Intelligence-Expert Systems, Signal and Image Processing -Biomedical Engineering, Multimedia in Health Care, Information Systems in Education, Information Systems in Medical Research.

Deadline
November 30, 1993
Complete papers must be submitted to the conference secretariat.

Contact
Secretariat of the 3rd Panhellenic Congress of Medical Informatics Laboratory of Medical Informatics A.U.T.
Box 323
54606 Thessaloniki - Greece
Tel. 30-31-211-810
Fax 30-31-992-773
email: pappas@olymp.ccf.anth.gr.
As announced in the last issue of the IMIA Newsletter we are summarizing information about new editions in various countries. Their number and scope clearly demonstrate the growing communication needs in the international Medical Informatics community.

With an increasing proportion of informaticians regularly reading their electronic mail, the interlinked networks of electronic mail are rapidly becoming a primary mechanism for debate, announcements, and evolution of working papers and draft standards.

One example of an electronic journal is the *monthly newsletter from Brazil*. The Newsletter has the objective of disseminating information about the Brazilian and Latin American activities, people, information, events, publications, and software in the area of computer applications in health care, medicine and biology. A worldwide calendar of upcoming events is included. Subscription to the newsletter is free. There is also a printed version available with common mail.

**Contact:** Renato Sabbatini
sabbatini@ccvax.unicamp.br

As an outcome of the HELINA 93 Conference in Ile-Ife (see page 3) a new electronic newsletter will be initiated for Medical Informatics professionals in Africa.

**Special Issues on PACS and Digital Radiology in the European Journal of Radiology**

Resp. Editor: M. Osteaux

The traditional European journal will publish at least once a year a special issue devoted to digital imaging in Radiology.

**Contact**
Michel Osteaux
PRIMIS/AZVUB-Radiologie
Laarbeeklaaan 101
B-1090 Brussels
Belgium
Tel. 32-2-477-5326
Fax 32-2-477-5327

An Internet discussion list (English language) on *Medical Informatics in Central and Eastern Europe* was launched. Information from computer applications in medicine up to librarian informatics and informatics support to health care programs are available.

**Contact:** micee@lfmotol.cuni.cz

The Newsletter addresses organizational issues specifically human factors and management aspects in Medical Informatics. It is an outcome of the Cincinnati Conference (see page 6).

For interested people in this field the Newsletter shall provide a forum for useful, informal communication. Input to the Newsletter is expected in any form: phone, fax, e-mail; it will be edited quarterly.

**Contact**
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USA
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e-mail lorenzi@uc.edu
Health Informatics Europe has been conceived as a communication medium for all European healthcare professionals with an interest in health informatics.

Although all the national health systems of Europe differ in some way, they are all linked by a common objective: the delivery of high-quality care in a cost efficient way. It does not really need to be stated, but there are few people who will disagree that access to the right information, in the right place, at the right time is a major factor in achieving this common objective. Information systems or, in broader terms, informatics are obviously essential in reaching this objective. Increasingly, initiatives and developments in health informatics in one European country have significant implications for health informatics in the other member countries. Many pan-European projects are under way or nearing completion, and there is a need to disseminate their outcomes more widely to healthcare professionals throughout Europe. Health Informatics Europe, however, will not limit its coverage to research and development projects, such as those running under the Advanced Informatics in Medicine programme. It is intended that the new journal will provide a practical guide to solving the problems encountered every day in healthcare information management in Europe’s national healthcare systems.

The first edition was distributed to some 15,000 potential readers across Europe with the intention that a wide range of European healthcare professionals will be reached: hospital directors, chief executives and general managers, clinical directors, doctors and nurses, health ministry officials, health informatics researchers and educators, healthcare professionals throughout the hardware and software industries, and healthcare information management and technology consultants.

The new journal will be a platform for communication of all healthcare professionals.

Contact
Health Informatics Europe
45 Woodland Grove
Weybridge, Surrey
Great Britain, KT13 9EQ
Computers and Medicine
Mini-Newsmagazine
Publisher: Milton Golin

The monthly magazine is aiming at busy health care professionals who want to keep abreast of medical computing trends and developments and promises "jargon free" articles. *Computers & Medicine* is committed to present well-researched information that is responsibly gathered, quickly summarized, and readable described - without your having to endure the tedious medical or scientific journal. It is tastefully illustrated with appropriate photos, flowcharts, diagrams, graphs, and occasionally a pertinent cartoon. At the same time, *Computers & Medicine* goes the extra mile by interpreting the significance of events and findings, to indicate meaningful trends. Independent in the light of its medical and editorial advisors, *Computers & Medicine* is not involved with any sales or promotional or consultancy group. The journal is guided by impartial journalistic standards that convey not merely the facts uncovered by a team of experienced correspondents and interviewees, but also by their reasoned and seasoned evaluation of what the facts mean and portend.

Contact
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Computers & Medicine
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Tel. 1-708-446-3100

JAMIA
Journal of the American Medical Informatics Association

Editor in Chief: William W. Stead, M.D., Nashville, TN
Published by Hanley & Belfus, Inc.

JAMIA will be a peer-reviewed publication devoted to the growth and development of the field of Medical Informatics.

The journal seeks to be regarded by investigators in the field as the premiere vehicle for the archival publication of original hypotheses and findings. Papers discussing practical applications, administrative dilemmas, and issues surrounding career development will provide the balance to insure that the journal is relevant to the many constituencies of AMIA’s membership.

Editorial policy will be to encourage a broad definition of Medical Informatics. Medical will not be taken to mean M.D., but all parts of the health care arena: allied health; biological sciences; educators; health care facilities; health services research; librarianship; medical specialties; and nursing. Informatics will be taken to include all aspects of the information management milieu: algorithms; artificial intelligence; biometry; communications; database methods; imaging and signal analysis; hardware design; simulation and modeling; and systems and organizations.

Major sections:
- The Practice of Informatics
  State of the art review papers; controversy of forum papers; and position or “white” papers.
- Original Research
  Reports of original findings and hypotheses.
- Editorial Comment
  Short commentary placing papers in context or raising issues facing the field.
- Correspondence
- Association News

The editorial office is now accepting manuscripts. The inaugural issue, to be mailed at the beginning of January 1994, will be available in November 1993 for promotional purposes.

Contact
William W. Stead, M.D.
Center for Biomedical Informatics
Vanderbilt University Medical Center
The Village at Vanderbilt, Suite 2000
1500 21st Avenue South
Nashville, TN 37212, USA
## IMIA-CALENDAR

<table>
<thead>
<tr>
<th>DATE</th>
<th>CITY</th>
<th>COUNTRY</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1993</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sept. 10</td>
<td>Tokyo</td>
<td>Japan</td>
<td>BM IMIA Board Meeting</td>
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<tr>
<td>Sept. 11-12</td>
<td>Tokyo</td>
<td>Japan</td>
<td>AGM IMIA Annual General Meeting</td>
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<tr>
<td>?</td>
<td>?</td>
<td>?</td>
<td>WC History in Medical Informatics</td>
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<tr>
<td><strong>1994</strong></td>
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<tr>
<td>Feb. 18-20</td>
<td>Durban</td>
<td>S.-Africa</td>
<td>BM IMIA Board Meeting - Spring 1994</td>
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<tr>
<td>March 27-31</td>
<td>Atlanta, Georgia</td>
<td>USA</td>
<td>WC Advances in Hospital Information Systems</td>
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<tr>
<td>Spring</td>
<td>Brussels</td>
<td>Belgium</td>
<td>WC Casemix and Resource Management</td>
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<tr>
<td>May 29 -</td>
<td>Lake Geneva</td>
<td>Switzerland</td>
<td>WG6 Natural Med. Language Processing for Knowledge Representation</td>
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<td>June 2</td>
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<tr>
<td>June 12-16</td>
<td>Lisbon</td>
<td>Portugal</td>
<td>EFMI 12th European Congress on Medical Informatics - MIE 94</td>
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<tr>
<td>June 19-22</td>
<td>San Antonio, Texas</td>
<td>USA</td>
<td>WC 5th International Conference of Nursing Informatics - NI 94</td>
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<td>Fall</td>
<td>Dresden</td>
<td>Germany</td>
<td>BM IMIA Board Meeting</td>
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<td>AGM IMIA Annual General Meeting</td>
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<td>?</td>
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<td>WC11 Dental Informatics DENTINFO 94</td>
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<tr>
<td><strong>1995</strong></td>
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<tr>
<td>July 23-28</td>
<td>Vancouver</td>
<td>Canada</td>
<td>MED 8th World Congress of Medical Informatics - MEDINFO 95</td>
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</tbody>
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BM = Board Meeting, WC = Working Conference, MED = MEDINFO, MIE = Medical Informatics Europe, AGM = Annual General Meeting

### IMIA Board Meeting and AGM Schedule 1993

**September 7-9:** IFIP General Assembly.
**September 8:** Various preparatory meetings; Meeting of IMIA Board and IFIP Executive Board.
**September 9:** IMIA meeting with potential Japanese Corporate Members at Sanjo-kaikan in the campus of the University of Tokyo.
**September 10:** 9:00-17:00 IMIA board meeting at Sanjo-kaikan in the campus of the University of Tokyo. AGM members who arrive in Tokyo Internation Airport may join the evening social program.
**September 11:** morning - leave for Kyoto by super-express (shinkansen); 14:00-17:00 - IMIA AGM at Kyoto International Comm. house in Kyoto city
**September 12:** 9:00-17:00 - IMIA AGM continues in Kyoto
**September 13:** breakfast - informal MEDINFO 95 SPC meeting at Karasuma Kyoto Hotel