BRIDGING TO NEW WORLDS

Marion J. Ball
Credit: Commissioned by Marion J. Ball, the IMIA Quilt was created by artist Amy Lindberg for presentation at the opening ceremonies for MedInfo 95 in Vancouver.
BRIDGING TO NEW WORLDS:
REFLECTIONS ON THE IMIA PRESIDENCY
1992–1995

Marion J. Ball
The three years since I assumed the Presidency at MedInfo 92 in Geneva have passed quickly. To my great pride, they have been rich and full for the International Medical Informatics Association (IMIA). At our meetings around the globe, I have benefitted greatly from my fellow countrymen, John Silva, Nancy Lorenzi, and Judith Douglas, who assisted me at Board meetings. At those meetings, the Board and the General Assembly have succeeded in creating “the new IMIA” and giving the organization new vitality. We have encouraged the move of medical informatics from “theory to practice” and fostered a range of activities and products, from the inaugural meeting of the Asia Pacific Association for Medical Informatics (APAMI) to the publication of the fourth edition of the IMIA Yearbook.

Immediately preceding MedInfo 95, I will preside over the IMIA General Assembly and the IMIA Board for one last time. Both of these meetings will help give reality to the ambitious strategic plan developed early in my Presidency under the leadership of Hans Peterson, my mentor and a true visionary. In the pages that follow, I delineate the accomplishments over the past three years that strengthen IMIA as a bridge organization for medical informatics.

Over the next year, as Immediate Past President, I will make a concerted effort to bring “new blood” into the IMIA leadership and to position IMIA for the future. I will also work with Hans Peterson and others to create a new role for individuals who have stepped down from their positions on the IMIA Board but are committed to continuing their work on behalf of the organization. Truly IMIA can benefit from all three generations of health informaticians.
Supporters of the IMIA Presidency
1992-1995

Henry N. Camp, Medical Systems Development Corporation
Noel Daly and Edward K. Quibell, First Data Corporation
Mark Gross*, SMS
Ralph Korpman, Health Data Sciences Corporation
Lorenz Kull and Lynda Joseph*, SAIC
Katherine G. Mazzuckelli, Alltel, (formerly TDS Healthcare Systems)
Walter Perrin and Glenn Rosenkoetter, HBO and Company
Willow Shire*, Digital Equipment Corporation

*Individual no longer with the organization named

At MedInfo 95, the IMIA Board members, national representatives, and institutional members will be present at preconference tutorials, concurrent sessions, and workshops. When you meet them, explore IMIA with them. Please also seek me out and share your insights with me.

In 1976, I was asked to be program chairman for a working conference on hospital information systems to be held in South Africa. The success of the conference marked the beginning of my relationship with IMIA. The years since have been equally rewarding, as I served on working conferences, in working groups, and ultimately on the Board as Trustee and then President Elect. There I had the great good fortune to learn from then-President Jos Willems, who handed me the gavel at the close of MedInfo 92.

From the outset, with insights gained from the strategic planning process headed up by Hans Peterson, I had ambitious plans for my Presidency. Thanks to the support of the Board, I am able to report substantive progress in key areas, including strengthening IMIA organizationally and fostering health informatics regionally. In more than one instance, realizing my goals meant fulfilling the dreams held by earlier Presidents.

My three years as IMIA President have been rewarding for me personally, offering me "New Worlds" of opportunity, friendship and collaboration. For these I owe my thanks to many supporters, to whom I shall always be grateful. Special among these are eleven individuals from various sectors within health informatics who persuaded their organizations to contribute financially to my Presidency. Their generosity made it possible for me to carry out my duties, and I am in their debt.
Milestones

A Stronger Organization

*Redesigning the Executive Board.* With the September 1993 approval of the Board and General Assembly, IMIA was restructured to include five Vice Presidents. These new officers were empowered to work in specified areas, extending the capabilities of the Board. This distributed governance makes new accomplishments possible. A prime example is the work of the VP Services, Jan van Bemmel, with the IMIA Yearbook. As a past President, Hans Peterson played a key role in this process, from concept through working orders.

*Putting IMIA on Sound Financial Footing.* Two initiatives were key here; both strengthened IMIA organizationally as well as financially. First, we established the category of Institutional Memberships that bring in dues and build bridges to both vendors and institutions. Second, after a shaky start, we managed to put MedInfo 95 in a position that promises to show a profit. We also explored the possibility of a more formalized management structure which will enable IMIA to function more effectively in the future.

*Reaffirming IMIA's Status in the World Health Organization.* One achievement of which Past President Jos Willems was especially proud was being designated a non-governmental organization (NGO) by WHO. As requested by WHO Headquarters in 1994, I submitted a report on our IMIA activities, and I am pleased to report that our status as an NGO was reviewed and officially renewed in the spring of 1995.
IMIA Working Groups

Information Science and Medical Education (WG1)
Data protection in Health Information Systems (WG4)
Primary Health Care Informatics (WG5)
Coding and Classification of Health Data (WG6)
Biosignal and Pattern Interpretation (WG7)
Nursing Informatics (SIG)
Health Informatics for Development (WG8)
Hospital Information Systems (WG9)
Dental Informatics (WG10)
Organizational Impact of Medical Informatics (WG13)
Health Professional Workstations (WG14)
Technology Assessment and Quality Development in Health Informatics (WG15)


Organizational Issues of Medical Informatics, March 28-31, 1993, Cincinnati, Ohio, USA


Health Professional Workstations, June 14-16, 1993, Washington, DC, USA

Advances in Biosignal Processing: Joint Working Conference of IMIA and IFMBE, August 26-28, 1994, Aalborg, Denmark

Caring for Health Information Safety, Security and Secrecy, November 13-16, 1993, Heemskerk, The Netherlands

Coding and Classification of Health Data, May 29-June 1, 1994, Vevey, Lake Geneva, Switzerland

5th International Conference on Nursing Informatics: NI '94, June 19-22, 1994, San Antonio, Texas, USA

Case-Based Telematic Systems: Towards Equity in Health Care, June 22-24, 1994, Brussels, Belgium


Enriched Regional Activities

In the USA. As IMIA's first President from the USA, I was determined to give IMIA more visibility in the USA and the Americas. During my Presidency, IMIA sponsored four working conferences in the USA: Organizational Issues, Health Professional Workstations, Nursing Informatics, Hospital Information Systems. In addition to giving IMIA visibility in the USA, these meetings encouraged a number of my fellow countrymen to become involved in IMIA working groups. As the representative of the American Medical Informatics Association (AMIA) to IMIA, I worked with the AMIA Board and AMIA's International Affairs Committee to bring the two organizations closer together.
In the Americas. After Brazil was compelled by circumstances within its borders to withdraw as host for MedInfo 95, the IMIA Board and I worked to give South America another role in our IMIA activities, and we are pleased to report success in doing so. We held the Spring 1995 Board meeting in Guadalajara, Mexico, in conjunction with InfoMedica, sponsored by the Mexican Medical Informatics Association and IMIA-LAC. The President’s Office also lent support to IMIA-LAC in the successful effort to obtain funding from the Kellogg Foundation for nineteen Latin American fellows to come to MedInfo in Vancouver, Canada.

In the Asia Pacific. The Asia Pacific Association for Medical Informatics (APAMI) was formed and held its inaugural meeting in
Marion Ball and Jos Willems, at the dinner in his honor, MedInfo 92, Geneva

Singapore in November 1994. I was honored to greet the delegates on behalf of IMIA and to join other IMIA officers, past and present, in participating in the conference. Realizing Shigekoto Kairara's dream of a strong Pacific Rim presence in IMIA had been one of my goals for IMIA, and I look forward to the General Assembly's consideration of the proposal for regional group status which KC Lun will present in Vancouver.

In Africa. In 1993, the first Helina conference was held in Africa. The IMIA Board was eager to give all the support possible to repeat the success of Helina and thereby encourage informatics in all of Africa, both English speaking and Francophile. As will be announced in Vancouver, Helina 96 will be held in South Africa. Kenya, Egypt, and other countries in the region have expressed their strong support for the meeting. The highly competitive site selection process was managed by IMIA's President Elect, Otto Rienhoff, whose recommendation was approved by the IMIA Board. IMIA Board members have helped the Helina group running the meeting identify potential funding sources and I am honored to make a substantial gift to Helina from my Presidential funds contributed by my colleagues in the corporate sector. It is my hope that Helina 96 will lead to the creation of a fourth regional organization to apply for formal status with IMIA. Decisions will of course rest with the new President, the Board, and the General Assembly.
Future Opportunities

The past three years as IMIA President have brought the future into focus for me. Fundamental changes are taking place. The new infrastructure offers us the capability to re-invent health care. We must become leaders and move theory into practice. It is said that there is nothing as powerful as an idea whose time has come. We pursue our professions as health informaticians in exciting times. They are not without danger, but we will create the successes that will move us and health care forward.

Marion Ball and IMIA Honorary Member Morris Collen, ACMi dinner, Washington, DC, October 1993


Yearbook of Medical Informatics. JH van Bemmel & AT McCray, eds.
1992: Advances in an Interdisciplinary Science
1993: Sharing Knowledge and Information
1994: Advanced Communications in Health Care
1995: The Computer-Based Patient Record

MedInfo Proceedings
MedInfo 92. KC Lin, P Degoulet, TE Piemme, O Rienhoff, eds.
MedInfo 95. RA Greenes, H Peterson, D Pratti, eds.

IMIA Newsletter. O Rienhoff, ed.

IMIA Gopher. MJ Ball, ed.

International Journal of Bio-Medical Computing
Caring for Health Information. B Barber, AR Bakker, S Bengtsson, eds. 1994.

Methods of Information in Medicine
Health and Medical Informatics Education. R Haux, FJ Leven, JR Moehr, D Protti, eds. 1993.
Biosignal Interpretation. JH van Bemmel, A Rosenfalck, N Saranummi, eds. 1994.
Natural Language and Medical Concept Representation. AT McCray, C Safran, C Chute, J-R Scherrrer, eds. 1995.

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Helina 93.
IMIA: THE PRESIDENTS REFLECT
Three years ago, just before Medinfo 92, I drew together information from IMIA's Presidents and prepared a retrospective view of their terms in office. To provide continuity, a section has been added outlining my Presidency. My thanks to Judith Douglas for her assistance in assembling these pages.
IMIA: The Presidents Reflect

Marion J. Ball, USA, 1992 – 1995
Bridging to New Worlds

Active in IMIA since 1976, when she helped to plan a conference for the IMIA working group on hospital information systems, Marion Ball received the gavel from the late Jos Willems at MedInfo 92 in Geneva.

Like earlier IMIA Presidents, when confronted by crisis, Ball relied upon the support of IMIA's membership. When Brazil withdrew as the site for MedInfo 95, Canada took on the challenge of hosting an international congress with only two years' lead time.

Ball oversaw the creation of a new IMIA, designed to be a bridge organization and move theory into practice. Its governance was distributed to five new Vice Presidents to give the Board added vigor and vitality to pursue IMIA's mission.

According to Ball, IMIA's future depends upon becoming a professionally-run organization, with a permanent secretariat. She believes, as did her Board, that IMIA can no longer rely totally upon the ingenuity of its Presidents to raise funds and carry out its business. To be effective, IMIA must liaison with other sectors and offer value to its membership, including its newly created category of institutional members.

Endorsed by the Board and General Assembly, regionalism thrived during Ball's presidency. IMIA had new visibility in the USA, thanks to three working conferences and the congress held by IMIA's Nursing group. The newly formed Asia Pacific Association for Medical Informatics (APAMI) held its inaugural meeting, and Korea was named as the site for MedInfo 98.

For Ball, IMIA was "a wonderful avenue to meet new people, to do outreach to the various countries where our Board meetings were held. I am proud of all IMIA has achieved during my presidency, and I owe great thanks to my IMIA colleagues, especially to Hans Peterson, my mentor and special adviser for these three years and many, many more."

Jos L. Willems, Belgium, 1989 – 1992
Preparing for IMIA's Future

The national representative to IMIA for Belgium since 1978, Jos Willems accepted the position of IMIA Vice President and President Elect at MedInfo 86. He stepped down from his presidency at the closing ceremonies for MedInfo 92 in Geneva, Switzerland.
As Willems saw it, “The major challenge of the presidency is to keep IMIA's activities going. The major task is to stimulate people. The organization is up to now entirely run by volunteers. IMIA needs a paid executive secretary and secretariat if the organization wants to grow.”

Among his achievements as President was the publication of the first *Yearbook of Medical Informatics* in time for MedInfo 92. This volume, he hoped, “will stimulate our field and encourage investigators to produce work of high scientific quality and medical relevance.” IMIA also received official recognition as Non-Governmental Organization (NGO) to the World Health Organization (WHO).

Willems recalled the social activities of the Board with great pleasure and credited IMIA with broadening his professional horizons “as a result of the many international contacts in different continents.”

**Shigekoto Kaihara, Japan, 1986 – 1989**

**Coping with Political Disruption**

The problems that Shigekoto Kaihara confronted during his presidency were uniquely global as was the resolution he succeeded in effecting. He had played a key role in accepting a strong proposal from the People's Republic of China for MedInfo.

For Kaihara, a Beijing meeting would demonstrate the relevance of medical informatics to developing countries as well as to developed nations. The theme of the conference, *Informatics in Support of Global Health*, reflected both IMIA's intentions and the input of the World Health Organization.

As fate would have it, Kaihara was in Beijing in early June, meeting with the Chinese organizing committee, when the world was jolted by the news of the events in Tien-an Men Square. Once back in Japan, he faced faxes from around the world and feared whether “IMIA as an organization would survive.” The final resolution was to hold a two-part MedInfo. MedInfo Beijing rewarded the work and the eagerness of its organizing committee, and Dr. K.C. Lun applied his extraordinary ability and efficiency to arranging MedInfo Singapore. Both MedInfos succeeded.

Also during his term, Kaihara strengthened IMIA’s scientific linkages with IFIP and gained administrative independence for IMIA. Three years after his presidency, he stated, “There is no comparable international organization in the field of medical informatics.”
Hans Peterson, Sweden, 1983 – 1986
Surviving Financial Crisis

After three years as President Elect, Hans Peterson became President. “What I remember best,” he said later, “is that there was no money.” MedInfo 83 had diminished already limited funds, and money was simply not available in the amount and at the time that it was needed for MedInfo 86 and subsequent activities. IMIA’s officers ended up providing IMIA with free services, from printing and stationery to mailing and telephones.

Grants to working conferences were impossible, and IMIA’s officers had to spend almost all their time on finances. The final blow came when IMIA closed its permanent secretariat in Amsterdam and its small remaining treasury vanished. The bottom line was “very little time for accomplishments and achievements. The goal was to survive.”

Even in 1995, Peterson continues to work for the recognition and acceptance of medical informatics. In his view, growing decentralization made standardization critical. For Peterson, “an international body free from political and governmental influence is absolutely necessary. In this body we have to cooperate also with the industry and get a mutual understanding that cooperation is the only way out.”

David B. Shires, Canada, 1980 – 1983
Building an International Membership

After becoming IMIA President in 1980, Shires reached agreements with the regional group for Central and South America, known as IMIA-LAC (Latin American Countries), and the most populous country in the world, the People’s Republic of China (PRC), making them active participating members in IMIA.

Shires saw IMIA as a family, within which “the then USSR and Eastern bloc countries as well as other countries such as Cuba, could indulge in animated and mutually productive discussions with their western counterparts, with each respecting the other’s political differences.” IMIA worked to become meaningful to developing countries and forged new bonds with the World Health Organization.

In 1992, Shires reflected, “IMIA has grown considerably in reputation, recognition and credibility in the ten years since I left the Presidency, largely due to the continuing hard work of Presidents Peterson, Kaihara and Willems.”

Today IMIA reflects Shires’ goals for his presidency in its international constituency, which goes “beyond the Europe-North America-Japan axis to a much greater world vision.”

Transforming the Organization

Roukens was deeply involved with the transition from the International Federation for Information Processing (IFIP-TC4) to IMIA. Increasingly, medical computing became a field where the computer and medical worlds met, and IMIA was established to meet the needs of professionals from both.

National member societies from around the globe were offered seats on the Board. The European Federation for Medical Informatics (EFMI) was established to accommodate regionalization by allowing its member societies to “move” immediately into IMIA, giving IMIA credibility from the beginning.

IMIA was formally established by IFIP in 1979, with specific bylaws giving it a measure of autonomy. Roukens was elected President. “In retrospect, it seems quite incredible that all of this was in fact realized in a period of little more than two years!” Speaking of key players in those early days, he remarked, “Oh, there were so incredibly many. I could talk names for half an hour without interruption. Thinking back to those days and all those people gives a warm feeling, and of richness without end.”

According to Roukens, IMIA succeeded by giving its members a platform, an intellectual framework, for discussion. “Its domain of discourse is scientific and essentially liberal.”

François Grémy, France, 1968 – 1975

Starting the Movement

In 1967, François Grémy established TC4, a committee within IFIP. As first chairman and moderator of TC4, Grémy is considered the first President of its renamed and refocused successor, IMIA.

The place of IFIP-TC4 in bringing together early informaticians cannot be underestimated. Although TC4 was composed in large part of computer professionals interested in medical applications, Grémy recruited the first generations of IMIA officers and members from the medical and health care communities. Intellectually as well as organizationally, it was the true predecessor of IMIA.