

IMIA Working Group 5 (Primary Care)

Report for the IMIA AGM 20-22 July 1995

Working Group 5 aims to promote Primary Care computing by :

- Acting as a forum for exchange of ideas between its members.
- Providing information to its members to assist them in progressing Primary care computing in their own company.
- Increasing the understanding of Primary Care computing issues with a view to publishing the results of these discussions.

The Working Group acts as a useful forum for those who are involved. However it is still a major issue that I am unable to obtain membership from many of the countries within IMIA. I am always looking for new members who can expand the horizons of the group as it currently stands.

Activities Achieved in 1994/95

Papers described in previous reports on :

Health Added Value from the Electronic Medical Record
Decision Support - Are different systems required for Primary Care
Read Codes versus ICPC.

have all been progressed and presented at various conferences. The conferences at which these papers have been presented include:

Health Care 94 (Harrogate)
Software 95 (Harrogate) - March 1995
RACGP Computing Conference - Australia (June 1995) Presented by Dr Mike
Bainbridge
SCAMC - November 1995 (Washington)
Primary Health Care Specialist Group Conference (Cambridge UK) -
September 1995

Activities Planned for the Next Year

There are two Workshops being held at Medinfo 95 specifically related to IMIA Working Group 5. One will be related to the use of Electronic Medical Record in the Doctor's office, the other, held in conjunction with EFME Working on Primary Care, will include various topics related to primary care.

It is the intention to hold a one day working conference after SCAMC in New Orleans in November 1995. This meeting is to be held in conjunction with AMIA and is being organised through a member of AMIA and IMIA Working Group 5, Prof. H Mullins.

The Future

The Group will continue to function as its present level without due difficulty. It is influential because of the people involved and is developing Primary Care computing. However, I do feel it would be more effective if we could have a wider membership and would once again make a plea for IMIA Board members and representatives to consider putting names forward for membership of this Group.

Membership of the Working Group 5:

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