



# **General Assembly 1999**

## **Washington, USA**

### **Agenda and Reports**

**Draft Version: October 20, 1999**

**IMIA GENERAL ASSEMBLY MEETING**

**NOVEMBER 11 & 12, 1999**

**WASHINGTON, DC**

**TENTATIVE AGENDA**

**PART I      REPORTS & DISCUSSIONS**

**Thursday, November 11, 1999**

**2:00 PM - 5:00 PM**

**Ethan Allen Room, Marriott Hotel, Washington, DC**

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| 2.    Approval of the Agenda   |      |
| 3.    Minutes Of GA Meeting, August 16, 1998, Seoul ( <i>see File Ga98Min.PDF</i> )  |      |
| <b>2.      APPROVAL &amp; INTRODUCTION OF NEW MEMBERS</b>  |      |
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| 2.    Uruguay  |      |
| 3.    Wolters Kluwer International Healthcare Publishing   |      |
| 4.    First Consulting Group   |      |
| 5.    McGraw-Hill (Healthcare Informatics)   |      |
| 6.    IBM  |      |
| 7.    Ormed Information Systems  |      |
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| 3.    Mental Health Working Group  |      |
| 4.    Approval of New Chairs   |      |
| 1.    WG 1   |      |
| 2.    WG 5   |      |
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| 6.    Endorsement of "Recommendations of the International Medical Informatics Association (IMIA) on Education in Health and Medical Informatics" ( <i>see File WG1Rec.PDF</i> ) |      |

**5:30 - 8:00 PM**

**PART II**

**OPENING RECEPTION ETHAN ALLEN ROOM**

**REPORTS & DISCUSSIONS, BUSINESS**

**Friday, November 12, 1999**

9:00 AM - 5:00 PM

Marriott Balcony D, Marriott Hotel, Washington, DC

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This Documentation for the GA has been prepared by IMIA's Executive Director Steve Huesing. He has been supported by the Electronic Services Office (Thomas Kleinoeder and Werner Scholle).

### **Item 3           REPORT OF THE PRESIDENT - Jan H. van Bommel**

Activities in which the President was involved are also discussed in the different reports from the other IMIA board members. The plans that were expressed by the incoming President during the closing ceremony of MEDINFO 1998 in Seoul were the following:

1. Strengthen IMIA as a professional organization;
2. Build bridges to other organizations;
3. Tap the experience of former officers and honorary members;
4. Make IMIA more visible to the outside world;
5. Make MEDINFOS still better and MEDINFO 2001 the largest ever.

This report follows these five lines of intention.

#### **1. Strengthen IMIA as a professional organization**

##### *Executive Director*

The President and the Secretary prepared the decision making for the nomination of the Executive Director. This was done by electronic voting at the end of December 1998. Steven Huesing was unanimously elected as Executive Director (ED) for the next period of time (3 years). A contract was signed between Steven and IMIA.

##### *Electronic Services*

The electronic services are very well carried out by Thomas Kleinoeder in Göttingen. However, in several contacts with Thomas he expressed the wish that the electronic services be transferred to some other location and preferably be placed at the site of the ED. Earlier attempts from the side of the President to locate IMIA's web site at HON in Geneva have failed.

On the initiative of Marion Ball, the President had several discussions with Gail Gullinson of IBM and Marion, starting in February 1999 and later joined by the ED, on the possibility that IBM would support the establishment of improved electronic services of IMIA. This also regards the establishment of an electronic Professional Resource Index, to better serve IMIA's member societies, institutional members and third parties. A proposal was prepared by the President and the ED during their meeting in March 1999; see the report by the ED.

##### *Institutional members*

In collaboration with the ED, several new institutional members will be welcomed to IMIA; see the report by the ED.

##### *Journals, books, magazines*

The President had several meetings with representatives from Publishers (namely, Kluwer and IOS Press). He also brought them in contact with the VP for Services, Alexa McCray. It was decided to propose that IOS Press would become the preferred publisher for MEDINFOS. IOS Press is also interested to compile an historic overview of IMIA publications on a CD-ROM. Kluwer would like to start a separate journal; see also the report by the VP for Services. The ED has taken the initiative to make an agreement with the journal Health Informatics on a regular presentation of IMIA in their periodicals.

### *IMIA Yearbook*

This has been an ongoing, smoothly running activity. As reported under the report by the VP for Publications, starting with the 2001 Yearbook the editorship for the Yearbook will be transferred to Reinhold Haux and Casimir Kulikowsky; see also the report by the VP for Services.

## **2. Building bridges to other organizations**

### *Affiliated Societies*

During several conferences and meetings the thought came up to have a new category of IMIA "members": IMIA affiliated societies. In the past year, several (electronic or physical) meetings took place with:

- (1) the International Federation of Health Record Organizations (IFHRO, which has 21 member countries (about 75,000 members; USA 40,000 in AHIMA). is in existence since 1968, unofficially since 1952. In October 2000 IFHRO's international conference takes place in Melbourne. IFHRO also wants to build bridges and strategic alliances (IFHRO is NGO of WHO).
- (2) the Society for The Internet and Medicine,
- (3) the International Society of Telemedicine, and
- (4) WONCA.

Contacts have been made between the VP for Working Groups and Special Interest Groups, Nancy Lorenzi, the President, the ED and these societies. The state of affairs will be reported by Nancy Lorenzi.

### *Strategic Conferences*

With the VP for Working Groups and Special Interest Groups the suggestion was discussed to organize strategic/consultation conferences around certain topics of interest. The WGs could be involved to draft documents and make experts available. This will be further discussed by Nancy.

## **3. Tap the experience of former officers and honorary members**

### *Advice from senior officers and honorary members*

The role of senior officers and honorary members could be better tapped if they were involved in:

- (1) reflection on plans of IMIA's Board;
- (2) come forward with plans on long-range planning;
- (3) would have a representative to the Board by nominating someone who will be the linking pin and the advisor to President;
- (4) give advice on a model for accreditation of persons/institutions by IMIA;
- (5) reflect on the suggestion of establishing "friends of IMIA".

### *Friends of IMIA*

Because IMIA has no individual members, but a large worldwide group of motivated individuals that support IMIA, it was discussed with the VP for Special Affairs to come forward with a proposal for establishing a group of "friends of IMIA". This should be done in close collaboration with IMIA's officers club and honorary members. The proposal will be further discussed during the meeting of the officers club in Washington, November 1999.

## **4. Make IMIA more visible to the outside world**

*Presentation of IMIA at international conferences*

Since the last GA meeting the President has represented or given credit to IMIA at the following occasions:

- (1) The HIMMS meeting in Atlanta, USA, on February 24, 1999;
- (2) The annual conference on Health Informatics in Harrogate, UK, on March 24, 1999;
- (3) The congress on electronic patient records in Rio de Janeiro, Brazil, on March 29, 1999;
- (4) The COACH conference in Vancouver, Canada, on April 20, 1999;
- (5) The G7/8 conference on telecommunication in health care in Washington DC, USA, on April 30, 1999;
- (6) The International Telemedicine conference in Jerusalem, Israel, on June 7, 1999; (7) the MIE conference on August 26, 1999 in Ljubljana, Slovenia.

*Year 2000 Activity*

The President had several meetings with both Rolf Engelbrecht and Otto Rienhoff on the plan that IMIA presents itself to the world during the World Expo in Hannover, August 2000. At that time, EFMI will have its congress in Hannover on the health highway. The plan is to have a satellite track in MIE devoted to IMIA and to have the world electronically connected both by Internet and satellite. It should be attractive to be watched via the Internet and also be interesting for a large lay audience.

**5. Make MEDINFOs still better and MEDINFO 2001 the largest ever**

*MEDINFO 1998*

The then President elect participated in the discussions led by the IMIA president, Otto Rienhoff, on elegantly concluding the contract between IMIA and the OC of MEDINFO 1998 in Korea. It was promised that the OC would honor the claims by IMIA, which was indeed confirmed before the Conference was over, thanks to Otto and Dr. Chang-Soon Koh, Dr. Han-ik Cho, Dr. Changgi Hong, and in particular Dr. Taiwoo Yoo.

*MEDINFO 2001*

The organizational structure for MEDINFO 2001 in London will be different from preceding MEDINFOs, because the Executive Director (ED) will be the intermediate between the OC and the SPC and EC, including financial matters. The contract was negotiated between the IMIA Board (in particular the VP for MEDINFOs, KC Lun and the President and ED). It was signed during the board meeting in London, March 1999; see also the report by the VP for MEDINFOs.

*MEDINFO 2004*

A call for proposals has been prepared and decisions are to be made during the GA in 2000 (New Zealand); see also the report by the VP for MEDINFOs.

## ***Item 5: IMIA Working Groups Reports or Correspondence***

### ***Part 1: Vice President for Working Groups Report***

#### **Introductory Comments**

This report is divided into two sections, first an overview Vice President of Working Groups report and the second is a summary of the reports from IMIA's Working Groups. It has been a little over a year since I was elected as Vice President of Working Groups. During this past year I have first attempted to update my knowledge on the status of each of the working groups and also to begin with the assistance of the working group chairs to plan a strategic direction. This report reflects the progress to date. There is still much to do and I look forward to continue working with IMIA members to create a working group system for the next millennium.

#### **Affiliates**

Through the efforts of a number of people we have been exploring the potential partnership affiliation with international groups. Two of the international associations with whom IMIA has discussed a partnership type affiliation are: the International Federation of Health Records Organization (IFHRO) and the Society for the Internet in Medicine (SIM). At the writing of this report neither of the agreements are complete. The IMIA Executive Director will continue this effort and possibly one recommendation will be ready to present to the IMIA Board and General Assembly as new business. Either or both of the international groups may be willing to participate with current or new working groups.

#### **Working Group Assessment**

The Working Group chairs present at the Seoul Medinfo meeting met to discuss general working group issues. A number of issues were raised. The issues are categorized under six headings: (1) Content Area of the Working Groups, (2) Organizational Operational Issues, (3) Communication Issues, (4) Financial Issues, (5) Working Group Conferences, (6) External Connections A summary of the issues and potential solutions follows.

<b>Problem Issues</b>	<b>Potential Solutions/Ideas for Moving Forward</b>
<b>Content Area</b>	
Overlaps of the Working Groups' areas of focus.	<ul style="list-style-type: none"> <li>• Develop a map that describes the domain of health/medical informatics.</li> <li>• Develop a map of what we have in working groups, by content.</li> <li>• Develop linkages—between IMIA working groups. Create Councils.</li> <li>• Raise issues yearly, e.g. domain, etc.</li> <li>• The ISO committee has established 4 working groups. IMIA should be involved in providing expertise for these working groups.</li> <li>• I see four groups: (I) Technical: Biosignal/pattern, data protection, med. Concepts, Standards, (II) Clinical Computing: HIS, Workstations, CPR, Telematics, (III) Clinical: nurses, primary care, dental, mental, developing countries, (IV) Human Issues: education, evaluation, organizational impact, ethics</li> <li>• The Developing Regions WG is different in the following ways: (1) WG 9 does not have sub-specialization. (2) Less technical WG's as Primary Care and Education are our partners. (3) WG 9 is more oriented to policies that allow the use of MI, to improve health conditions of population in developing regions.</li> </ul>
Areas not covered by IMIA, e.g. Radiology, Laboratories, molecular biology, etc.	<ul style="list-style-type: none"> <li>• Build bridges with other associations, e.g. ACR, IEEE, etc. for new WG's.</li> <li>• Develop a close relationship with organizations like WHO, EFMI, PAHO, etc.</li> <li>• Content/effort do not reflect the field. e.g. much of what happens is in hospital IS, but our resources are directed elsewhere.</li> </ul>
<b>Operational Issues for WG/SIG</b>	<ul style="list-style-type: none"> <li>• Reevaluate WG/SIGS overall structure, e.g. SIG/WG and project groups, etc.</li> <li>• Develop a strategy for change.</li> <li>• Hold WG chair retreat after the AMIA meeting in November 1999.</li> <li>• List activities by calendar year. (in the Yearbook and on the Web site.)</li> </ul>
What constitutes membership in a WG?	<ul style="list-style-type: none"> <li>• CONFLICT: Need open working groups. AND Why open list of members?</li> <li>• Clarify who is a voting member and who is a participant.</li> <li>• People want to work with WG's, but do not have the chance.</li> <li>• Need to review what the IMIA by-laws.</li> <li>• Expertise is more important than national representation—different views of this issue, e.g. others feel national origin is as important.</li> </ul>

Representation from developing countries?	
Reporting to IMIA.	<ul style="list-style-type: none"> <li>• Proposal—only once a year, to be combined with yearbook and through the web.</li> </ul>
Election of WG Chairs and WG members.	<ul style="list-style-type: none"> <li>• Need to have a list of all appointments for the working group/SIG chairs.</li> <li>• Need to have some way to acknowledge the accomplishments of the WG/SIG chairs.</li> </ul>
What are acceptable WG activities?	<ul style="list-style-type: none"> <li>• Develop a calendar of all working group activities.</li> <li>• Need to have a working group conference at least every three years.</li> </ul>
How long should WG's exist?	
Working Group chairs need to change every three years.	<ul style="list-style-type: none"> <li>• Consider a progression appointment—chair-elect (for 3 years) then chair for three years. This will allow for continuity and designated leadership.</li> <li>• Consider an advisory group or executive committee for each of the working groups.</li> </ul>
Need IMIA information	<ul style="list-style-type: none"> <li>• e.g. Bylaws—Located on the IMIA web page.</li> </ul>
Process unclear for WG, conferences, members, etc	<ul style="list-style-type: none"> <li>• Develop a strategy for new people</li> <li>• Write up “standing orders” regarding working groups when reconfigured.</li> </ul>
Separate specific WG issues.	WG 2 (pharmacy-pharmacology)—inactive for several years, should we activate?; WG 10/14—leadership/future?; WG 5—future options?
Do not have an updated list of WG chairs, etc.	<ul style="list-style-type: none"> <li>• In Yearbook. To be updated.</li> <li>• Do we need this electronically?</li> </ul>
Appointments without country involvement.	<ul style="list-style-type: none"> <li>• Decision outcomes need to be in the Standing Orders. (Work with Brian Shorter.)</li> </ul>
<b>Communication</b>	
Lack of communication	
<b>Financial</b>	
Need funding for chairs.	<ul style="list-style-type: none"> <li>• Locate “seed” money for working group activities.</li> </ul>
Need external finances.	<ul style="list-style-type: none"> <li>• Look to the WG's to make institutional membership more attractive.</li> <li>• Use expertise to bind institutional members</li> </ul>
<b>WG Conferences</b>	
Publication working conference results	<ul style="list-style-type: none"> <li>• This is an issue for Alexa and Reinhold. Also need discussions with IOS press. Any suggestions for further improvement?</li> </ul>
Funding working conferences?	
Perception of non-activity by un-involved people.	
<b>External Links</b>	
Determine how to link working groups to other associations and groups.	<ul style="list-style-type: none"> <li>• Develop linkages—between IMIA's WG's and the WG's in other associations.</li> <li>• Develop linkages—between IMIA's WG's and outside technical groups—e.g. IFMBE, IEEE-MBE</li> <li>• Develop linkages—between WG's and outside professional groups—e.g. ICN, IFHRO, WONCA, health administrators, the International Association for Pattern Recognition on medical imaging and image processing, etc.</li> <li>• Create a map of what exists—e.g. IMIA WG 13-EFMI WG 9—AMIA People and Organizational Issues. (Ask Jean-Raoul to share the map that he created.)</li> <li>• IMIA should appoint worldwide topic specific task forces that represent working groups in APAMI, EFMI, IMIA-LAC, Helina, AMIA &amp; COACH. The world task forces would be responsible for developing a complementary strategy for addressing medical informatics issues strategically.</li> <li>• Create a list of national SIGS/WGS to develop a map of working groups.</li> </ul>
Not enough industry participation in the working groups	<ul style="list-style-type: none"> <li>• Bring together CEO's of hospitals/industry with content experts from IMIA.</li> <li>• Identify the key areas that CEO's and industry need to know. (e.g. computer based patient records, telemedicine/telematics, workstation integration.)</li> <li>• Expertise in the WG is used to build bridges to industry.</li> <li>• Develop a list of 100-150 medical informatics professionals by expert area—worldwide. (Membership capability statement; business intelligence.)</li> <li>• Use expertise to organize strategic meetings as a source of income for IMIA.</li> <li>• Add government agencies, e.g. US—NLM and NCI; the European Union, etc.</li> </ul>
Impact of regional groups?	
Locating external finances and sponsors	<ul style="list-style-type: none"> <li>• Look to the working groups to make institutional membership more attractive.</li> <li>• Use expertise to bind institutional members</li> </ul>



## **Future Plans**

Through IMIA's fourteen Working Groups and Special Interest Group scientific informatics discussions and advancements are synthesized and new informatics knowledge disseminated throughout the world. The question facing IMIA is to how to enhance the working groups/SIG for greater international impact.

A number of the suggestions listed by chairs revolved around developing a "map" to ensure that the working groups did not overlap with each other. A committee of three (Nancy Lorenzi, chair, Reinhold Haux, and Jean Roberts) was appointed to develop a Scientific Content Map. The group viewed the Scientific Content Map as a foundation for future action and decision making about IMIA working groups. The Scientific Content Map was developed by reviewing the medical informatics literature, including IMIA Yearbooks, journals, and textbooks. Attached is the most recent Scientific Content Map.

### **Proposal 1 for Discussion**

To create an internal integrated organizational structure for IMIA's Working/Special Interest Groups beginning with establishing Coordinating Councils.

### **Process for internal integration:**

1. Establish four Coordinating Councils (Technical/Research, Standards/Representation, Human Related Issues, and Clinical Disciplines). (The Coordinating Councils will be responsible to review the total scope of medical informatics within their domain to be sure that IMIA is strategically focused. Several working groups will participate with in multiple Coordinating Councils, as their focus is multidimensional.) The Working Group chairs will continuously refine the content map and use it only as a guide for strategic actions.
2. The VP for Working Groups will be an ex officio member of each council.
3. The working group chairs will develop process improvement measures to enhance the communication and linkages within the IMIA organization. Some of the process improvement measures could include: yearly reports, chair progress, developing uniform "look and feel" web pages, etc.

### **Advantages**

1. Internal coordination by a strategic group to develop linkages—between IMIA working groups.
2. Will eliminate the duplication of working group areas. (Will raise domain and other issues yearly.)
3. Will be able to use human and financial resources more wisely.
4. Can assist with succession planning for the working group chair positions.
5. Can encourage working groups to be more productive and to stay on task.
6. The process improvement measures will address many of the chairs basic concerns for communication and using their efforts in the most productive way possible.

Potential working group chairs of each council are listed on the second page of the content map. During the council discussions (real or virtual) the chairs will share directions, determine if there is an overlap of content focus, determine what is important to informatics, but not covered by anyone, and so forth. By this means we can assist IMIA in creating working groups as strategically needed. The councils are not meant to add a layer of bureaucracy, but merely to be sure that we are functioning in a holistic and systematic manner. I have placed several of the working groups in multiple councils, but all this is changeable.

## ***Part 2: Working Groups Reports***

The information received from each working group chaired is presented in four parts: (1) Working Group Objectives, (2) Working Group Chair, (3) Recent Activities and (4) Future activities.

### **WG 1—Health and Medical Informatics Education**

**Objectives:** To disseminate and exchange information on HMI programs and courses. To promote the IMIA WG1 database on programs and courses on HMI education. To produce international recommendations on HMI programs and courses. To support HMI courses and exchange of students and teachers. To advance the knowledge of (1) how informatics is taught in the education of health care professionals around the world, (2) how in particular health and medical informatics is taught to students of computer science/informatics, and (3) how it is taught within dedicated curricula in health and medical informatics

**Chair:** Dr. Reinhold Haux (Chair 1996 to 2001)

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WWW site and IMIA WG1 database on health/medical informatics <http://www.imia.org/wg1>

**Recent Activities:** Between July 1998 and July 1999 the major activities of WG1 were: (1) Preparing *Recommendations of the International Medical Informatics Association (IMIA) on Education in Health and Medical Informatics*. (2) Organizing a workshop on HMI education and the regular meeting during MEDINFO 98 at Seoul. And (3) Maintaining IMIA WG1's WWW site with its database on programs and courses in HMI.

**Future Activities:** (1) An updated version of the *IMIA Recommendations on Education in Health and Medical Informatics* will be presented during the IMIA General Assembly in November 12th, 1999 in Washington for endorsement / approval. (2) There will be a workshop on 'International Perspectives of Health and Medical Informatics Education' and the regular annual meeting during Fall AMIA 1999 in Washington, DC. (3) Another working conference on HMI education is in preparation.

### **WG 4—Data Protection in Health Information Systems**

**Objectives:** To examine the issues of data protection and security within the health-care environment. Working Group 4 addresses state-of-the-art security of distributed electronic patient records (EPR).

**Chair:** Prof. Ab R. Bakker, (Chair 1995 to 2001)

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**Recent Activities:** At Medinfo98 the working group organized a workshop that was well attended. The working group decided to have its next working conference in Victoria Canada in June 2000.

**Future Activities:** (1) The Working Group will sponsor their Eighth Working Conference. Guidelines for electronic patient records (EPR) security will be drafted at the conference. World Class international experts in issues of computerized networked health records will be involved in the conference. Invited papers and participant discussions will form the core of the conference. Participants will be invited to submit posters addressing the conference theme. Conference proceedings will be published in the International Journal of Medical Informatics. (2) At NI2000 WG4 will offer a tutorial.

## **WG 5—Primary Health Care Informatics**

**Objectives:** To promote primary care computing by (1) acting as a forum for exchange of ideas between its members, (2) providing information to its members to assist them in progressing primary care computing in their own country, and (3) increasing the understanding

**Chair:** Dr Glyn M. Hayes, (1990-1999) (Dr. Hayes resigned his chair effective immediately.)  
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### **Proposed Chairs: (1999-2001)**

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Department of Family Practice  
Crozer Keystone Health Systems  
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Fax: 334-928-0106  
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**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group.

## **WG 6—Medical Concept Representation**

**Objective:** To Provide a forum for state of the art dialogue and collaboration on natural language processing and concept representation in healthcare applications. IMIA WG6 is the international forum for issues related to informatics in the classification and coding of health data, and is charged with: 1) reviewing health data nomenclature and classification needs for the world community; 2) evaluating information processing technology in meeting these defined needs; and 3) recommending methods for future classification and nomenclature systems.

**Chair:** Dr Christopher G. Chute, (1995-2001)  
Department of Health Sciences  
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**Recent Activities:** Working Group 6 sponsored a conference on Natural Language and Medical Concept Representation in Jacksonville, Florida, from January 19-22, 1997. The Proceedings were published in *Methods* in 1998, issues 4 and 5.

**Future Activities:** This working group will hold a meeting in December, 1999.

## **WG 7—Biomedical Pattern Recognition**

**Objectives:** To explore the field of Biosignal interpretation, model-based Biosignal analysis, interpretations and integration, extending existing signal-processing technology for the effective use of biosignals in a practical environment.

**Chair:** Christoph Zywietz (1998-2001)  
Medizinische Hochschule Hannover  
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Home: +49-511-592-5925  
[zywietz.christoph@MH-Hannover.de](mailto:zywietz.christoph@MH-Hannover.de)

**Recent Activities:** This group sponsored a working conference in Chicago, Illinois, USA in June 1999. The proceedings of the conference will be published in *Methods* in early 2000.

**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group.

## **WG 9—Health Informatics for Development**

**Objectives:** To explore how health informatics could help improve the existing conditions in developing regions and implement programs in that direction. To list the informatics needs and resources for each country. To organize educational activities in developing regions. To translate the IMIA Newsletter and relevant information to Spanish. To propose projects to international groups, e.g. WHO, the European Union, the World Bank, etc.

**Chair:** Dr. Nora Oliveri (1992-2001)  
Argentine Association of Medical Informatics  
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Buenos Aires (1119) Argentina  
Phone: +54 11 4807-5923 Mobile: +54 11 4446-1570 - Fax: +54 11 4807-5982  
PO Box: Suc 25 B, CC 240, Buenos Aires (1425), Argentina  
E-mail: [norao@fim.org.ar](mailto:norao@fim.org.ar) or [fim@pccp.com.ar](mailto:fim@pccp.com.ar)

**Recent Activities:** WG 9 has its Home Page at <http://www.fim.org.ar/wg9/>. WG 9-Midjan Group and ETHO, organized the Joint Workshop: "Telemedicine In Developing Regions" in Buenos Aires, Argentina, June 10, 1999. This Workshop was developed inside the framework of the II World Telemedicine Congress organized by ITU. Specialists from Argentina, Brazil, Germany, Ukraine, Uruguay and USA participated. The next Working meeting is planned for December 1999 in Buenos Aires during the Spring Meeting of the Argentine Association of Medical Informatics.

**Future Activities:** Many members of WG 9 will contribute to a Discussion Forum during Informedica 2000: Ibero American Virtual Congress of Health Informatics. June-Dec 2000. [<http://www.informatica.org>]  
Members of WG 9 are participating in the following R&D Projects: (1) ELCANO: Virtual Library of Unusual Cases in Gastroenterology [<http://www.imim.es/elcano/>], (2) INFOPHARMA: Promoting Telematics for Responsible Self-medication in Latin American Pharmacies.

## **Proposed: WG 10—Clinical Information Systems**

**Objectives:** To identify the informatics challenges of developing and deploying clinical information systems within hospitals and in ambulatory settings. To explore the differences of central versus distributed information systems to the hospital and non-hospital setting. To contribute to standards development for clinical information systems.

**Proposed Chairs: (1999-2001)**  
James J. Cimino

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Randolph A. Miller (1999-2001)  
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[randolph.a.miller@vanderbilt.edu](mailto:randolph.a.miller@vanderbilt.edu)

**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group.

### **WG 11—Dental Informatics**

**Objectives:** To bring the small, but rapidly growing, community of dental informaticians around the world into closer contact.

**Chairs:**

Dr Eva Piehslinger,  
University of Vienna Dental School,  
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[Eva.Piehslinger@univie.ac.at](mailto:Eva.Piehslinger@univie.ac.at)

Dr. John Eisner  
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University of Buffalo,  
315 Squire Hall,  
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Telephone: +1 (716) 829-2057  
Fax: +1 (716) 833-3517  
[John\\_Eisner@sdm.buffalo.edu](mailto:John_Eisner@sdm.buffalo.edu)

**Recent Activities:** This group has an outstanding web presence and home page. The page is designed as an electronic home for the members of the international community of dental informaticians. A site defines dental informatician as: (1) an individual who teaches or conducts research in the field of dental informatics, (2) a dental clinician who pushes the boundaries of dental informatics in the conduct of one's practice, or (3) a software developer for the dental or dental education community.

Individuals interested in the activities of the Working Group are offered two forms of membership: (1) List Member—List Member status will be accorded to anyone who chooses to join the IMIAWG11 listserv. News of interest to the international dental informatics community will be posted to this list. (2) Web Member— Web Member status will be accorded to anyone who wishes to register on the website, outline their dental informatics interests and perhaps describe from one to three projects in which they are currently engaged.

**Future Activities:** WG 11 will continue their web site.

### **WG 13—Organizational Impact of Medical Informatics**

**Objectives:** To determine strategies for introducing technological change in complex medical organizations. To assess the success factors in human-centered computer applications. To demonstrate how informatics applications can support healthcare organizations.

**Chair:** Dr Nancy M. Lorenzi, (1994-1999) (Resigned 1999)  
University of Cincinnati,  
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Cincinnati, Ohio 45267-0663, USA.  
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**Proposed Chair:** Bonnie Kaplan, Ph.D. (1999-2001)  
Center for Medical Informatics  
Yale University  
School of Medicine  
59 Morris Street  
Hamden, CT 06517 USA  
Telephone: 203-777-9089  
Fax: 203-281-8664  
[bonnie.kaplan@yale.edu](mailto:bonnie.kaplan@yale.edu)

**Recent Activities:** Hosted a working conference in Helsinki, Finland in early 1998 in co-operation with WG 15. The proceedings will be published in late 1999 in a special issue of the International Journal of Medical Informatics.

**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group.

### **WG 15—Technology Assessment and Quality Development in Health Informatics**

**Objectives:** To develop comprehensive assessment of healthcare information technologies. To demonstrate the value of assessment methods of healthcare information technologies. To promote the international cooperation toward developing methodological issues.

**Chair:** Dr Elisabeth M.S.J. van Gennip, (1994-1999) (Resigned 1999)  
TNO Prevention and Health,  
2301 CE Leiden, NL.  
Telephone: (+31) 7151-81818  
Fax: (+31) 7151-81902

**Proposed Chair:** Dr. Jan Talmon (1999-2001)  
Dept. Medical Informatics  
Maastricht University  
PO Box 616, 6200 MD Maastricht  
The Netherlands  
[talmon@MI.UNIMAAS.NL](mailto:talmon@MI.UNIMAAS.NL)

**Recent Activities:** The Working Group held a successful meeting in Helsinki in early 1998 with WG 13. The proceedings will be published by the end of 1999 in a special issue of the International Journal of Medical Informatics. Draft versions of the papers are on the VATAM webserver (<http://www-vatam.unimaas.nl/imia/>).

**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group. The plans for the future are to further extend the contents of the VATAM webserver for the Medical Informatics community with respect to the Technology Assessment of ICT in Health Care.

### **WG 16—Standards in Health Care Informatics**

**Objectives:** To facilitate the exchange of information between different standards bodies of different continents. To ensure broad dissemination and create awareness of standards. To involve end-users in the standards process. To analyze and compare the standards needs and priorities in the different countries. To provide feedback from the scientific medical community to the standards developers.

**Chair:** Georges J.E. De Moor (1995-2001)  
Department of Medical Informatics  
Gent University Hospital  
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9000 Gent, Belgium  
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[georges.demoor@rug.ac.be](mailto:georges.demoor@rug.ac.be)

**Recent Activities:** The first IMIA WG 16 conference was held on 11-13 September 1997. Conference papers were published as a special issue in the International Journal of Medical Informatics (Elsevier)..

**Future Activities:** Next meeting will be in conjunction with MS-HUGe99 in Brugge, December 3-4' 99. This will be the first Microsoft Healthcare meeting in Europe.

### **WG 17—Computerized Patient Records**

**Objectives:** To support studies of the electronic patient record in the clinical environment. To study the electronic patient record in relation to evidence-based medicine. To stimulate the infrastructure required by an electronic patient record by supporting development and testing of the definition (1) of medical terms, (2) specific data sets, and (3) standards for electronic data exchange.

**Chair:** Dr Johan van der Lei, (1996-2001)  
Dept. of Medical Informatics, Medical Faculty,  
Erasmus University,  
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Fax: (+31) 10-436-2882  
[vanderlei@mi.fgg.eur.nl](mailto:vanderlei@mi.fgg.eur.nl)

**Recent Activities:** This working group organized a 1998 working conference in Rotterdam. The proceeding of this conference will appear in a special issue of Methods in the Fall of 1999.

**Future Activities:** The working group will plan its future direction during the next several months.

### **WG 18—Telematics in Healthcare**

**Objectives:** To explore the rationale and perspective of health telematics. To promote the design and development of open architectures and inter-operability tools. To promote the analysis, design and development of methodologies and tools to support collaborative work in healthcare information systems.

**Chair:** Prof Patrice Degoulet, (Resigned in 1999)  
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96 rue Didot,  
75014 Paris, France.  
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**Proposed Chair:**  
Regis Beuscart MD, PhD, (1999-2001)  
Professor of Medical Informatics  
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59045

Lille - France

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**Future Activities:** The working group will begin with its new leadership developing strategies to effectively implement the objectives of this group.

### **Special Interest Group 1: Nursing**

**Objectives:** To foster collaboration among nurses and others interested in nursing informatics. To explore the scope of nursing informatics and its implications for information handling activities. To support the development of nursing informatics in member countries. To provide informatics conferences and meetings. To encourage publication and dissemination of research and development materials. To develop recommendations, guidelines and courses.

**Chair:** Dr. Evelyn J.S. Hovenga RN, ( - to 2001)

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Informatics and Communication,

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[e.hovenga@cqu.edu.au](mailto:e.hovenga@cqu.edu.au)

**Recent Activities:** (1) The Proceedings of the Sixth International Nursing Informatics Symposium Post Conference, Lidings, Sweden, October 1-4 1997 edited by Margaret Ehnfors, Susan Grobe and Marianne Tallberg were published by SPRI, Stockholm. (2) Members from IMIA NI conducted pre conference tutorials at Medinfo'98 on Nursing Informatics Fundamentals, Internet Applications in Nursing, Medical Education and Distance Learning, (3) Evidence of Outcomes in Nursing Documentation and Patient Access to Health Information, several nursing informatics papers were also presented. (4) IMIA NI held two General Assembly meetings in August 1998 in Seoul, Korea. The first was a business meeting and the second convened for the purpose of selecting the site to hold NI'2003. Brazil won the bid. (5) An IMIA NI closed mailing list ([imiani@cqu.edu.au](mailto:imiani@cqu.edu.au)) has been established to assist with communication and the web site (<http://www.infocom.cqu.EDU.AU/imia-ni/>) has been updated. (6) Links were established with the International Council of Nurses who sought feedback on their International Classification for Nursing Practice. A sub-committee comprised of individuals with informatics and terminology expertise chaired by Dr Virginia Saba conducted a review of the ICNP from an informatics perspective. A report containing recommendations for the enhancement and continued work of this ICN activity was sent to the ICN in October 1998. More recently another task force consisting primarily of key researchers in nursing terminologies including those representing the ICN, US, UK, and other European based initiatives, put together and submitted a new work proposal for the International Standards Organisation to develop a reference terminology model for nursing.

**Future Activities:** (1) Work is progressing for NI'2000 to be held in Auckland, New Zealand in April 2000. A great selection of papers and proposals for pre congress tutorials have been submitted. The Scientific Program Committee is making progress with paper selection and program formulation. (2) IMIA NI is scheduled to hold a strategic planning meeting in Washington DC in November to devise strategies to get greater nursing involvement in informatics. Nurses worldwide appear to be most reluctant to become familiar with using information and telecommunication technologies to support their practice. IMIA NI aims to make a difference.



# (DRAFT) Medical Informatics Scientific Content Map (DRAFT)

Applied Technology	Information Technology Infrastructure	Applications and Products	Data-Infrastructure Related	Human-Organizational	Education and Knowledge	Clinical Disciplines
<ul style="list-style-type: none"> <li>• Bioinformatics</li> <li>• biosignal processing</li> <li>• pattern recognition</li> <li>• mathematical models in medicine</li> <li>• Human genome related</li> <li>• Algorithms</li> <li>• Boolean logic</li> <li>• Image Processing</li> <li>• Cryptology</li> <li>• Human interfaces</li> </ul>	<ul style="list-style-type: none"> <li>• Health professional workstation</li> <li>• Networks</li> <li>• Chip cards in health care</li> <li>• Archival-repository systems for medical records- EPR-CPR-EMR</li> <li>• Security</li> <li>• Interfaces</li> <li>• Distributed systems</li> <li>• Pen based</li> <li>• Speech recognition</li> <li>• User interfaces</li> <li>• Neural networks</li> <li>• Standards</li> <li>• Telehealth</li> <li>• Systems architecture</li> </ul>	<ul style="list-style-type: none"> <li>• Quality management</li> <li>• Knowledge-based systems</li> <li>• Expert systems</li> <li>• Clinical trials</li> <li>• Evidence based guidelines</li> <li>• Health services research</li> <li>• Outcomes research and measurement</li> <li>• Decision support</li> <li>• Epidemiological research Hospital IS</li> <li>• Patient identification</li> <li>• EPR-CPR-EMR</li> <li>• Laboratory data</li> <li>• image processing</li> <li>• HIS management</li> <li>• patient monitoring</li> <li>• Disease mgt.</li> <li>• Event-based systems</li> <li>• Minimum Data Sets</li> <li>• Telemedicine</li> <li>• Computer-supported surgery</li> <li>• Telematics</li> <li>• Biostatistics</li> <li>• Diagnosis related</li> <li>• Operations/Resource management</li> <li>• Supply chain</li> </ul>	<ul style="list-style-type: none"> <li>• Linguistics</li> <li>• Terminology-vocabulary</li> <li>• Data acquisition-data capture</li> <li>• Data entry</li> <li>• Data protection</li> <li>• Data analysis-extraction tools</li> <li>• Data policies</li> <li>• Syntax</li> <li>• Database design</li> <li>• Classification</li> <li>• Coding-coding systems</li> <li>• Standards</li> <li>• Concept representation-preservation (medical, nursing, etc.)</li> <li>• Indexing</li> <li>• Language representation</li> <li>• Lexicons</li> <li>• Thesaurus tools</li> <li>• Nomenclatures</li> <li>• Modeling</li> </ul>	<ul style="list-style-type: none"> <li>• Managing Change</li> <li>• Human Factors</li> <li>• Communication</li> <li>• Management</li> <li>• Organization</li> <li>• Legal issues, e.g. privacy, etc.</li> <li>• Ethics</li> <li>• Assessment-Evaluation</li> <li>• Process</li> <li>• User-computer interface</li> <li>• Compliance</li> <li>• Cognitive tasks</li> <li>• Collaboration</li> <li>• Implementation-deployment</li> <li>• Diffusion</li> <li>• Needs assessment</li> <li>• Strategic plans</li> <li>• Integrating plans-philosophy</li> <li>• Unique identifiers</li> </ul>	<ul style="list-style-type: none"> <li>• H/MI education</li> <li>• Computer-supported training</li> <li>• Information management-dissemination</li> <li>• Knowledge management</li> <li>• Bibliographic</li> <li>• Cognitive learning</li> <li>• Computer aided instruction</li> <li>• Continuing Education</li> <li>• Learning models</li> <li>• Online/distance education</li> <li>• Knowledge bases</li> </ul>	<ul style="list-style-type: none"> <li>• Anesthesia/Pain Management</li> <li>• Behavioral</li> <li>• Cardio/Thoracic</li> <li>• Cardiovascular</li> <li>• Dentistry</li> <li>• Dermatology</li> <li>• Emergency Medicine-Ambulatory</li> <li>• Environmental health</li> <li>• Gastroenterology</li> <li>• Human genetics</li> <li>• Internal Medicine</li> <li>• Neurosurgery</li> <li>• Nursing</li> <li>• Obstetrics &amp; Gynecology</li> <li>• Ophthalmology</li> <li>• Orthopedics</li> <li>• Pathology</li> <li>• Pediatrics</li> <li>• Pharmacy</li> <li>• Primary care</li> <li>• Psychiatry</li> <li>• Radiology</li> <li>• Surgery</li> <li>• Urology</li> </ul>

# (DRAFT) Medical Informatics Scientific Content Map (DRAFT)

## IMIA Coordinating Councils

<b>Medical Informatics Technical/Research Coordinating Council</b>		<b>Medical Informatics Standards and Representation Coordinating Council</b>	<b>Medical Informatics Human Related Issues Coordinating Council</b>		<b>Clinical Disciplines Coordinating Council</b>	
WG 4, WG 7, WG,10, WG 14, WG 17, WG 18, SIG-N1		WG 4, WG 6, WG 16, SIG-N1	WG 1, WG 4, WG 9, WG 13, WG 15, SIG-N1		WG5, WG9, WG 10, WG11, SIG-N1, Mental Health	

NM Lorenzi, IMIA Working Groups  
 October 6, 1998  
 Revised January 15, 1999  
 Revised August 30, 1999  
 Revised September 23, 1999



## *Nursing Informatics* special interest group of the *International Medical Informatics Association*

### IMIA NI Report July 1998 - July 1999

Submitted to Dr Nancy Lorenzi for inclusion in the IMIA Yearbook 2000

The Proceedings of the Sixth International Nursing Informatics Symposium Post Conference, Lidings, Sweden, October 1-4 1997 edited by Margaret Ehnfors, Susan Grobe and Marianne Tallberg were published by SPRI, Stockholm. A selection of the papers included in this publication had earlier been published in the Journal of the American Medical Informatics Association.

IMIA NI held two General Assembly meetings in August 1998 in Seoul, Korea. The first was a business meeting where new members from Japan and Germany were welcomed. A procedure for site selection for future IMIA NI Congresses has been adopted as well as a short definition describing the nursing informatics discipline was adopted. This follows:

***"Nursing informatics is the integration of nursing, its information, and information management with information processing and communication technology, to support the health of people world wide."***

Members from IMIA NI conducted pre conference tutorials at Medinfo'98 on Nursing Informatics Fundamentals, Internet Applications in Nursing, Medical Education and Distance Learning, Evidence of Outcomes in Nursing Documentation and Patient Access to Health Information, several nursing informatics papers were also presented.

An IMIA NI closed mailing list ([imiani@cqu.edu.au](mailto:imiani@cqu.edu.au)) has been established to assist with communication and the web site (<http://www.infocom.cqu.EDU.AU/imia-ni/>) has been updated although more needs to be done.

The second IMIA NI GA held in Seoul was convened for the purpose of selecting the site to hold NI'2003. Bids were received from Brazil, Canada, the United Kingdom and the USA (University of Maryland). All did excellent presentations. Brazil won the bid to host NI'2003 in Rio de Janeiro two votes ahead for the UK.

Links have been established with the International Council of Nurses who in November 1998 sought feedback from IMIA NI on their International Classification for Nursing Practice. A small sub-committee comprised of individuals with informatics and terminology expertise chaired by Dr Virginia Saba conducted a review of the ICNP from an informatics perspective. A report containing recommendations for the enhancement and continued work of this ICN activity was sent to the ICN in October 1998. More recently another task force consisting primarily of key researchers in nursing terminologies including those representing the ICN, US, UK, and other European based initiatives, put together and submitted a new work proposal to the International Standards Organisation (ISO TC215) to develop a reference terminology model for nursing.

Work is progressing for NI'2000 to be held in Auckland, New Zealand in April 2000. A great selection of papers and proposals for pre congress tutorials have been submitted. The Scientific Program Committee is making progress with paper selection and program formulation.

IMIA NI is scheduled to hold a strategic planning meeting in Washington DC in November to devise strategies to get greater nursing involvement in informatics. Nurses worldwide appear to be most reluctant to become familiar with using information and telecommunication technologies to support their practice. IMIA NI aims to make a difference.

Evelyn Hovenga Chair IMIA NI (1997-2000)

## Item 6.1

### INFORMATION DOCUMENT

#### ISSUED BY PRESIDENT AND EXECUTIVE DIRECTOR OF HON

##### What is HON?

Established in 1996 by the State of Geneva, the Health On the Net Foundation (HON) is a not-for-profit organisation dedicated to realising the benefits of the Internet and related technologies in the fields of health and medicine. It is today the leading European portal to medical and healthcare information on the World Wide Web. (<http://www.hon.ch>) The purpose of the Foundation is to advance the development and application of new information technologies in these fields. HON is closely associated with the University Hospitals of Geneva, a pre-eminent European centre for research and development in medicine and high technology life sciences. The members of our Council are eminent professionals from Europe and the United States of America.

##### Collaboration

HON works closely with the National Library of Medicine, Bethesda, MD, and offers free access to MEDLINE and MEDLINE*plus*.

HON is negotiating contracts with major pharmaceutical companies and will use this approach for promoting a new IMIA Working Group (pharmacy and clinical pharmacology) mostly dealing with CEOs of pharmaceutical companies.

##### HON's Mission

is to serve the growing community of healthcare consumers and providers on the World Wide Web by improving access to sound medical knowledge, expertise and support. In this way, HON hopes to contribute to better, more accessible and more cost-effective health care.

Quality assessment has been our concern since the beginning. We recognise the need for systematic assessment and stringent peer review. We have led international efforts to improve the quality of medical information on the Internet, notably through the HON Code of Conduct (HONcode) for healthcare Web sites. This remains a HON priority.

Medicine's move into the Web appears unstoppable. As patients become more knowledgeable, they are becoming increasingly involved in decisions about their health, thus profoundly altering the traditional doctor-patient relationship. While it cannot replace the personal relationship between patients and their physicians, good online healthcare information can help make better-informed patients—and care providers. As doctors come to appreciate this, the benefits for healthcare will be palpable.

##### Ordinary citizens

are pouring into the Internet in growing numbers to find answers to a vast array of healthcare questions. Many seek help, encouragement and cost-effective counselling from on-line support communities, thus overcoming isolation, improving their morale and, often, developing teleworking skills.

HON's MedHunt search engine and the new HONselect search integrator seek to offer all users the best-available Web sites, medical images, scientific articles, news and contacts.

## Care providers

and medical students are making increasing use of the wealth of multimedia medical information available on the Internet. Free access to medical journals, online discussions, professional networking and services has opened new career horizons for physicians and nurses alike. To encourage more medical professionals to use the Internet, HON provides an international conference schedule and detailed listings of medical resources on the Internet, including all known hospital Web sites. We also support efforts to develop effective telemedicine.

## Website traffic

Traffic on the HON Website is constantly increasing. There are now more than 4,000 daily visitors.

## HON Surveys

are undertaken regularly to help the healthcare community and us more effectively to meet the needs of users and improve the quality of healthcare services on the World Wide Web. The results are posted on our Web site and widely quoted in print and electronic media. The latest (5<sup>th</sup>) HON user survey, being carried out during the months of October and November 1999 (for sixty days), has already had a strong response and we anticipate surpassing our previous highest score of 4,368 responses. The current survey, now provided in seven languages, (German and Polish have been added) contains new questions about pharmaceuticals and on-line medical consultations. Almost one-quarter of the respondents have left personal feedback messages, many of them with Email addresses, demonstrating an increasing trust in HON.

## HONselect<sup>©</sup>

is HON's new search integrator. It combines five information types - MeSH<sup>®</sup> (Medical Subject Headings) classification terms, medical journal articles, health and medical news, Web sites and multimedia - into one tool to focus and accelerate searches. HONselect, a tool for strictly medical queries, is designed to teach basic medical terminology and improve doctor-patient communications.

## HONimages<sup>©</sup>

HONimages is a new HON service in the early development stage. The idea is to offer users access to a broad variety of still and moving pictures from the best medical images databases, using MeSH hierarchy for systematic searching. As such, HONimages will be built on the HONselect model, becoming a specialised, in-depth visual aid to healthcare and clinical information and research.

HONimages is being rapidly developed for launching as one of the first and most innovative search facilities on the market, and will take advantage of the growing opportunities in medical image display services available on the Internet.

## MedHunt<sup>©</sup>

was developed by HON and is one of the most powerful and user-friendly medical search-engines in operation today. MedHunt<sup>©</sup> a full-text search tool, is constantly fed by HON's own web-spider, MARVIN<sup>1</sup>. Armed with a dictionary of medical terms, MARVIN tirelessly skims the Web for new sources of medical information. MedHunt<sup>©</sup> tops its search results with a list of HONoured sites that have been reviewed by HON and whose contents are briefly described.

Though developed entirely by HON, the MedHunt<sup>©</sup> search engine and MARVIN<sup>©</sup> Web spider are generic software. They are being applied by other organisations in a variety of scientific domains.

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<sup>1</sup> Multi-Agent Retrieval Vagabond on Information Networks

## **Multilanguage upgrade for HON search engine MARVIN, MedHunt, HONselect**

The rapid current development of automatic translation software should soon grant access by non-English speakers to the world's best English-language medical information databases. Europe is a leader in this sector, and HON, as a European foundation, is taking a lead in exploiting the software's potential. If done successfully, this will result in an explosion of user traffic through the HON portal.

### **The HONcode<sup>®</sup>**

is a set of voluntary management guidelines for healthcare Web site developers that are designed to raise the quality of Web-based healthcare information.

The guidelines commit subscribing Web sites to basic standards of scientific authority and rigour, even-handedness in the present-ation of information, financial transparency and a clear separation of advertising and editorial content. Several thousand medical Web sites world-wide now subscribe to the HONcode<sup>®</sup> principles.

Together with these and other interested parties from the public and private sectors, HON is committed to the further development of useful instruments for the promotion of responsible self-regulation, user trust, and reliable, demand-oriented telehealth.

## **HON Foundation Council**

*Honorary President*

**Guy-Olivier Segond**, State Councillor and  
Minister of Health, State of Geneva,  
Switzerland

*President*

**Prof. Jean-Raoul Scherrer**, Professor emeritus  
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University Hospitals of Geneva

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General, European Commission/DGXIII

**Dr Donald A. B. Lindberg**, Director, National  
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Director, National Co-ordination Office, High  
Performance Computing and Communications

*Members*

**Dr Ron D. Appel**, Director, Molecular Imaging  
& Bioinformatics Laboratory (LIMBio),  
Swiss Institute of Bioinformatics, Geneva

**Dr Marion J. Ball**, Adjunct Professor,  
Johns Hopkins School of Nursing;  
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Baltimore, Maryland, U.S.A.

**Prof. Jan van Bommel**, Chairman,  
Institute of Medical Informatics,  
Erasmus University, Rotterdam, The Netherlands

**Willis J. Keenan**, Regional Advisor, UN Economic Commission for Europe

**Eng. Maria Laires**, Co-ordinator, European Health Telematics Observatory, Lisbon, Portugal

**Jean-Claude Peterschmitt**, former Chairman,  
Digital Equipment International, Europe

## **HON Executive Committee**

*Executive Director*

**Timothy Nater**

Email [tim.nater@hon.ch](mailto:tim.nater@hon.ch)

*Head of HON Web services*

**Celia Boyer**

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**Dr Ron D. Appel**, Director, LIMBio, Swiss Institute of Bioinformatics

**François Müller**, Administrator, Swiss Institute of Bioinformatics

*HON medical adviser*

**Dr Mathias Tschopp** MD, University Hospitals of Geneva

*HON Web programmer*

**Vincent Baujard**

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## **How to reach us**

Enjoy free access to the HON Web site (in English and French) on <http://www.hon.ch/>

## **Health On the Net Foundation**

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## **Item 6.4 African Region**

### **Sedick Isaacs - Africa Region Coordinator**

Membership of IMIA from the Africa Region has not changed this year.

Helina99 the third African International Conference on Health Informatics will be held in Harare 29 to 1 December 1999. The Organizing committee chair is Dr G Woelke from the department of Community Health at the University of Harare. The chair of the Scientific committee is Dr D Ball also from the University of Harare. The theme of the Conference is: Health Informatics in Africa at the millenium and beyond. The focus is to examine the impact of technology on the lives of the people of Africa. The Conference will ne followed by a skills building workshop on the 2nd December 1999. Sponsorship has also been solicited via the Commonwealth secretariat. Thirty papers have so far been accepted. A meeting of the Africa Region will also be held during the conference period.



**Item 7**

**TREASURER'S REPORT - Ulla Gerdin**

**Financial outlook for the next four years**

In total 1998 came out better than expected. Positive was that the bank interest turned out to be higher thanks to better investments and the expenses was over all kept to a minimum. Negative was that the willingness or possibility to pay the annual fee was as low as 50% 1998 and just somewhat better for 1997. These numbers are the same for 1999.

For the next four years the economy is stretched. It is expected that membership fees shall be paid and that IMIA will have an increasing number of academic and corporate members. Good investments of IMIA funds and new revenue areas such as conference proceeds and advertising sales are expected to develop. On the expense side the administrative costs are kept low for the two years. The projection is that the costs for secretariat and electronic services will rise in the third year when the contracts are renegotiated. Organisational costs are kept on the same level as previous years. It means that IMIA can support SIG/WG/Regional activities.

The projection is that in the year 2002 the budget will be in balance. See also attached budgetary projection for 1999 - 2003.

A policy for MedInfo SPC & EC Travel Expenses & Reimbursement has been worked out.

The opening of an IMIA account in the Swiss Credit Bank is completed.

**Membership fees**

A number of countries have not paid their membership fee for the last two or more years. Updated statements reflecting the collection of membership fees will be presented to the General Assembly.

**INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION**  
**5 Year Budgetary Projections**

	1999	2000	2001	2002	2003
<b>REVENUE</b>					
<b>Membership Fees</b>					
National	30,000.	22,000.	23,000.	24,000.	24,000.
Academic	3,000.	6,000.	7,800.	9,000.	9,000.
Corporate	17,000.	28,000.	42,000.	50,000.	50,000.
Friends of IMIA	-.	2,000.	3,000.	5,000.	5,000.
<b>Total</b>	<b>50,000.</b>	<b>58,000.</b>	<b>75,800.</b>	<b>88,000.</b>	<b>88,000.</b>
<b>Other</b>					
MedInfo Proceeds	-.	-.	75,000.	-.	-.
Royalties	2,000.	2,000.	2,000.	2,000.	2,000.
Exchange & Interest	20,000.	20,000.	20,000.	20,000.	20,000.
Conference Proceeds	-.	5,000.	10,000.	15,000.	15,000.
Advertising Sale	2,000.	5,000.	10,000.	10,000.	10,000.
<b>Total</b>	<b>24,000.</b>	<b>32,000.</b>	<b>117,000.</b>	<b>47,000.</b>	<b>47,000.</b>
<b>TOTAL REVENUE</b>	<b><u>74,000.</u></b>	<b><u>90,000.</u></b>	<b><u>192,800.</u></b>	<b><u>135,000.</u></b>	<b><u>135,000.</u></b>
<b>EXPENSES</b>					
<b>Administrative</b>					
Secretariat	30,000.	30,000.	30,000.	50,000.	50,000.
Electronic Services	20,000.	25,000.	25,000.	30,000.	35,000.
Legal/Audit Fees	2,000.	2,000.	2,000.	2,000.	2,000.
Other	5,000.	5,000.	5,000.	5,000.	5,000.
<b>Total</b>	<b>57,000.</b>	<b>62,000.</b>	<b>62,000.</b>	<b>87,000.</b>	<b>92,000.</b>
<b>Publications</b>					
Yearbook	16,000.	16,000.	16,000.	16,000.	16,000.
Newsletter	2,500.	2,500.	2,500.	2,500.	2,500.
Other	2,000.	2,000.	2,000.	2,000.	2,000.
<b>Total</b>	<b>20,500.</b>	<b>20,500.</b>	<b>20,500.</b>	<b>20,500.</b>	<b>20,500.</b>
<b>Organizational Expenses</b>					
Annual Meetings	5,000.	5,000.	5,000.	5,000.	5,000.
Board Expenses	4,000.	4,000.	4,000.	5,000.	5,000.
Working Groups & Regions	5,500.	7,500.	7,500.	7,500.	10,000.
<b>Total</b>	<b>14,500.</b>	<b>16,500.</b>	<b>16,500.</b>	<b>17,500.</b>	<b>20,000.</b>
<b>TOTAL EXPENSES</b>	<b><u>92,000.</u></b>	<b><u>99,000.</u></b>	<b><u>99,000.</u></b>	<b><u>125,000.</u></b>	<b><u>132,500.</u></b>
<b>Surplus(Deficit)</b>	<b><u>(18,000.)</u></b>	<b><u>( 9,000.)</u></b>	<b><u>93,800.</u></b>	<b><u>10,000.</u></b>	<b><u> 2,500.</u></b>
<b>Accumulated Surplus</b>					
Beginning of Year	395,080.	377,080.	368,080.	461,080.	471,080.
<b>END OF YEAR</b>	<b><u>377,080.</u></b>	<b><u>368,080.</u></b>	<b><u>461,880.</u></b>	<b><u>471,080.</u></b>	<b><u>474,380.</u></b>

**Item 9            SECRETARY'S REPORT - Ian Symonds**

This last year has been one of growth and activity within the IMIA family, with a developing workload of communication within the organisational structure.

The role of the Secretary continues to evolve as the highly successful, professional Secretariat becomes more important in the work of IMIA. The routine work of the Secretary, once a time-consuming and somewhat onerous task, has now almost completely disappeared, and the focus is rather more on the long term organisational branding, goal setting, and efficient actioning of Board and General Assembly decisions.

The records of meetings since 1997 are held by the Secretary until such time as a permanent safe storage country can be decided for the long term. Minutes should be in members hands within 2 months of the meeting date.

My thanks once more to the President, Secretariat, and Board for their continuing support.

I H Symonds  
Secretary

**IMIA Board Meeting and General Assembly**  
**Washington D.C., 11 & 12 November 1999**

**Report from Vice President (MEDINFO)**

**1. Progress Report, MEDINFO 2001**

**1.1 MEDINFO2001 Contract**

The MEDINFO2001 contract had been signed between the Organizing Committee (OC) under the auspices of the Health Informatics Specialist Group, British Computer Society and IMIA, under terms mutually acceptable to both parties (Appendix I).

Under the agreement, IMIA will receive a minimum guarantee of USD 50,000. In addition to conference registration fees, IMIA will also receive revenue from exhibition and other paid (non-social) activities advertised as MEDINFO2001 events.

A budget of USD 128,000 for the Scientific Program Committee (SPC) and the Editorial Committee (EC) had also been successfully negotiated with the OC. The funds will be administered by the IMIA Secretariat.

**1.2 OC Update**

The OC is making good progress in its preparatory work. The MEDINFO2001 website is up – <http://www.medinfo2001.org>.

Work on the Conference site, the ExCeL Congress Centre in London Docklands is progressing well. The MEDINFO Steering Committee is regularly monitoring with the OC on the readiness of the Centre for MEDINFO2001 scheduled for 2-5 September 2001.

Promotion of the Conference has already started, with the latest at MIE99 in Ljubljana, Slovenia and HIC99 in Hobart, Australia.

**1.3 SPC and EC Update**

The SPC and EC committee appointments have been made and the first full SPC and EC meetings have been scheduled to take place in Washington D.C., USA during the AMIA Annual Symposium in November 1999.

A SPC core meeting was held in London on 18 September 1999 to discuss:

- (a) list of referees for the review process
- (b) administrative and operational procedures for accepting manuscripts and disseminating them for reviews. One proposal is to have a central site to handle the manuscript submission and review processes by electronic means. The SPC hopes to work with IOS to streamline these processes
- (c) Call for Papers to be drafted by the SPC co-chairs and refined at the first full SPC meeting in Washington D.C.

## **2. Bidding for MEDINFO2004**

Invitation to bid for MEDINFO2004 will be announced at the IMIA General Assembly on 11 and 12 November 1999 at Washington D.C., USA.

A guideline on the MEDINFO bidding process has been drawn up by the MEDINFO Steering Committee and will be made available during the General Assembly (Appendix II). The site selection for MEDINFO2004 will generally be influenced by 3 factors: (a) geographical location, (b) ability to attract strong participation and (c) credibility of the host organization.

### **(a) Geographical location**

The choice of the MEDINFO2004 conference site will be influenced by geographical consideration, with priority to be given to places outside Europe (which will host MEDINFO2001) and Asia (which hosted MEDINFO98).

### **(b) Ability to attract strong participation**

The bidding country should be economically and politically stable to attract strong participation so as to make the Conference profitable. In this regard, the bidding country must be able to give IMIA a profit guarantee of at least USD 50,000.

### **(c) Credibility of the host organization**

The host organization of the bidding country must have been a fully paid-up IMIA member for at least six years with a proven international track record in medical informatics and solid conference infrastructure to support an international convention such as MEDINFO.

Countries wishing to submit a bid for MEDINFO2004 should do so before the IMIA Spring Board meeting due on 29 and 30 April 2000.

A handwritten signature in black ink, appearing to be 'K C Lun', written in a cursive style.

Dr K C Lun  
Vice-President (MEDINFO)

Medical Informatics Program  
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Clinical Research Centre, Blk MD 11  
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**Item 10 - Appendix I**

**AGREEMENT**

Between

**The British Computer Society: Health Informatics Specialist Group,  
O/A the Organizing Committee for MedInfo 2001 (the OC)**

and

**the International Medical Informatics Association (IMIA)**

With respect to MedInfo 2001, the 10th World Congress On Medical Informatics (the Congress), to be held on September 2 to 5, 2001, in London, England.

It is acknowledged hereby that IMIA has no financial, legal or contractual obligation and liability with respect to the organizing or conduct of the Congress.

**Financial Obligations of the OC**

The OC hereby undertakes the following financial obligations:

1. Revenue Sharing

- .1 Congress Registration Fees, defined as gross registration revenue exclusive of fees for social and accompanying person=s events and pre- or post- Congress workshops. The OC agrees to pay IMIA , subject to a minimum guarantee of \$US 50,000.00, the following:
  - .1 10% of registration fees for the first \$US 500,000; plus
  - .2 12% of registration fees for the next \$US 250,000; plus
  - .3 15% of registration fees for any registration revenue exceeding \$US 750,000.

In the event that an act of god or a physical disaster prohibits the Congress from taking place or causes a change of venue the guarantee of \$US 50,000 will be subject to revision to a minimum guarantee of \$US 33,000.

- .2 Exhibition Revenue, defined as the gross exhibit fees paid by exhibitors for booth space. The OC agrees to pay IMIA 5% of such fees
- .3 Revenue from other paid activities advertised as MEDINFO 2001 events, other than social activities such as pre- or post-congress tours, conference banquet etc. The OC agrees to pay IMIA 10% of such fees
- .4 80 % of the fees constituting Revenue Sharing shall be paid to IMIA within 90 days of the conclusion of the Congress; the balance shall be paid by the 31 day of March, 2002 and shall be accompanied by an auditor=s certificate as to the accuracy of Registration Fees, Exhibit Booth Revenue and Revenue from other activities.

2. Funding of the Scientific Program Committee(SPC) and the Editorial Committee (EC)

- .1 In addition to the above, the OC agrees to provide a non-refundable budget to be fixed at \$US 128,000 to fund the activities of the SPC and the EC.
- .2 The funds will be administered by the IMIA Secretariat.
- .3 Payment of these funds will be made in accordance with the following schedule:

March 31, 1999	\$US 10,000.
November 30, 1999	\$US 30,000.
October 31, 2000	\$US 40,000.
May 31, 2001	\$US 35,000.
August 31, 2001	\$US 13,000.
<b>TOTAL</b>	<b>\$US 128,000.</b>

3. Proceedings

- .1 The contract for the Proceedings in both written and CD Rom format will be negotiated with IOS Press.
- .2 The negotiation will be done jointly by the IMIA Secretariat, the EC and the OC.
- .3 The financial component of the negotiated contract will be borne by the OC.

4. Bursaries

- .1 The OC agrees to make available funds of \$US 20,000. for bursaries.
- .2 Recipients and the individual amounts of the bursaries will be determined by the SPC which will take into consideration recommendations and proposals of the OC. Final approval shall rest with the MEDINFO Steering Committee.

**Other Matters**

5. The OC shall provide a statement to IMIA that there is no legal or other barrier in terms of transferring funds due to IMIA under the agreement to a bank account in a country other than the United Kingdom.

6. IMIA and the OC warrant that all participants of the Congress, including IMIA=s Board, members of the General Assembly, Working Group and SIG chairs, the SPC, EC, OC presenters and speakers, and MedInfo Steering committee shall pay registration fees for the Congress excepting the following:

- .1 Invited and keynote speakers,
- .2 individuals who attend the congress in an administrative or working capacity, and
- .3 full time paid staff of the World Health Organization.

7. IMIA will provide the OC with an accounting of the SPC & EC expenditures consistent with accepted accounting practices



This foregoing is agreed to by both parties on this 25 day of March, 1999 in the City of London in the United Kingdom.

**The British Computer Society: Health Informatics Committee**

\_\_\_\_\_  
John Bryden, Chair

\_\_\_\_\_  
Jean Roberts, Chair, MedInfo 2001 Organizing Committee

**International Medical Informatics Association (IMIA)**

\_\_\_\_\_  
Jan van Bommel, President

\_\_\_\_\_  
Ulla Gerdin, Treasurer

\_\_\_\_\_  
Steven A. Huesing, Executive Director

## Item 10 - Appendix II

To: National Members of IMIA

From: Jan H. Van Bommel, President  
K.C. Lun, Vice President MedInfo

Re: MedInfo 2004 Bidding Process

The planning for MedInfo 2004 will begin very shortly. The first step is the bidding process. At the General Assembly Meeting in Seoul, Korea, the General Assembly approved the Standard Operating Procedures for MedInfos, they are available on request. The following are key factors which will influence the acceptance of a bid to host a MedInfo:

- 1 Location
  - .1 IMIA typically holds MedInfo=s in different parts of the world. MedInfo 98 was in Seoul, Korea (Asia); MedInfo 2001 will be held in London, UK (Europe). Consequently, it is not likely that MedInfo 2004 will be held in Asia or Europe.
  - .2 The bidding country should have:
    - .1 a good and reliable communications infrastructure
    - .2 a stable political system (so as to minimize financial risk of cancelling and security risks to participants)
    - .3 a stable economy without regulatory monetary controls.
  - .3 The cost of accommodation, meals, and other local costs will be a factor.
- 2 Attendance
  - .1 The bidding country and the stability of its economy must be conducive to attracting sufficient attendance to make the Congress profitable.
  - .2 The bidding country must be able to guarantee a profit of at least \$50,000 US for IMIA.
- 3 Host Organization

The host organization must be a fully paid-up member of IMIA, and must have been a member of IMIA for at least six years.

  - .1 The membership of the host organization, its stability and financial capability will be a factor.
  - .2 The host organization should have a proven international track record in medical informatics and be able to capitalize on MedInfo to further promote medical informatics within its own country and counties in the region as well as for IMIA.
  - .3 The host organization should have a solid conference infrastructure to support an international convention such as MedInfo.

The bids will be due prior to the IMIA Spring Board meeting on April 29 & 30, 2000.

Jan H. Van Bommel  
President, IMIA

K.C. Lun  
Vice President, MedInfo

**Item 12      VICE PRESIDENT MEMBERSHIP REPORT - Jean Roberts**

**1.      National Member Society Status**

1.      Recommendations for approval:

1.      Phillipines

        The Philippine Medical Informatics Society has applied for National Member status for the Philippines.

2.      Uruguay

        The Sociedad Uruguaya de Informatica en Salud has applied for National Member status for Uruguay.

2.      Potential new National Members

1.      Peru

        We have been contacted by Dr. Rubio, President the Peruvian Society (APIS) in respect to applying for IMIA National Membership. The Society is currently translating their bylaws in preparation for their official application.

**2.      Institutional Memberships**

1.      Recommendations for approval:

        The First Consulting Group

        Sequoia

        IBM

        Ormed Information Systems

        McGraw - Hill, Healthcare Informatics

        Wolter Kluwer Publishers

2.      Potential new Institutional Members

        A number of other potential members have been contacted and are Awork in progress.

I extend my thanks to Jan van Bommel and Marion Ball for their specific assistance in attracting new potential members.

**3.      New Zealand Society**

        Recommend that the representative society fro New Zealand be changed from The New Zealand Computer Society to the New Zealand Health Informatics Foundation. The change is amenable to both groups.

**4.      Non-Payment of Membership Fees**

        There are a number of National members who have not kept current with the

payment of their National membership fees. In accordance with the bylaws (article 4.2.2, Avoting rights≅), those National members who have not paid their 1998 fees, do not have the right to exercise their right to vote at meetings of the General Assembly. The Board is exploring several alternatives to deal with those situations.

It has been an honour and my distinct pleasure to have had the opportunity to serve as IMIA=s Vice President for membership for the past three years. I look forward to continuing to work with all of you and the Board in my capacity of Chair of the MedInfo 2001 Organizing Committee

Respectfully submitted,

Jean Roberts  
Vice President, Membership

## **ITEM 14 EXECUTIVE DIRECTOR'S REPORT - Steven A. Huesing**

The functions of the Executive Director are essentially two-fold: to perform the administrative tasks pertaining to a Secretariat and to support the President and members of the Board in pursuing the goals and objectives of the organization.

### **Support Services**

1. Under the direction of the VP MedInfo, drafted the contract between the MedInfo Steering Committee and the MedInfo 2001 OC. As well a new procedure for handling SPC and EC expenditures was developed and implemented.
2. The secretariat has been working with a number of potential new National Societies including Uruguay, the Philippines, and Peru to assist them in preparing their application to join IMIA.
3. A major goal has been the recruitment of Institutional members, with the help of members of the board the following Corporate Members have (re)joined:
  - First Consulting Group
  - Sequoia Software Corporation
  - American Health Information Management Association (AHIMA)
  - McGraw-Hill (Healthcare Informatics)
  - Healthcare Information & Management Systems Society (HIMSS)
  - IBM
  - Wolters Kluwer International Healthcare Publishing
  - Ormed Information Systems

several others are in various stages of recruitment. As well, 5 Academic members have renewed their participation as IMIA Institutional members.

4. An agreement has been reached with Healthcare Informatics with a view to heightening IMIA's visibility; their July issue included a brief article about IMIA and a recent issue carried a free advertisement for the IMIA NI 2000 meeting in New Zealand. This will be followed up by other features to provide continued exposure to IMIA and IMIA-related events.
5. Support to specific IMIA activities include:
  - 1 Assisting WG4 in the promotion and funding of their Working Conference ASecurity of the Distributed Electronic Patient record, June 21-24, 2000, Victoria, Canada; I am privileged to be a member of their OC.
  - 2 Assisting in the promotion of NI 2000, both in the U.S. and Canada.

### **Affiliated Societies**

Considerable effort has been focused on partnering with other symbiotic International Societies, defined in IMIA's by-laws as AAffiliate Members:

1. Negotiations are currently underway with the International Federation of Health Record Organizations (IFHRO) to draft a Memorandum of Understanding.
2. Under the leadership of Reinhold Haux, discussions with the Society for the Internet in Medicine to achieve a formal relationship are well advanced.

Other similar partnership relationships are being explored with the International Society of Telemedicine.

### **Other Projects**

Some work has been done in conjunction with Branko Cesnik on the development of a Professional Resource Index (see appendix I). The President, Marion Ball and the ED entered into discussions with IBM to determine the possibility of support of this project in conjunction with Electronic Services, however, the timing was not conducive to an arrangement.

### **Administration**

The following items are highlights of the administrative tasks undertaken:

1. Engaged the Auditor to perform the audits for 1997 and 1998 and assisted with his audit; the Audit Committee has completed their report to the GA.
2. Liaised with John Tressling and his staff and with staff of the Credit Suisse in Geneva to establish the Swiss bank account for IMIA.
3. Finalized the memorandum of understanding between the Korean OC and IMIA and obtained a final accounting from Harvard for the SPC=s expenditures and collected the amounts due.
4. The collection of outstanding membership fees for National Members was a significant problem; over 20,000 CHF were collected between the last meeting and the end of 1998. These efforts continued in 1999; over 9,000 CHF have been collected for prior year=s memberships.
5. There are a number of administrative tasks that have yet to be undertaken; they include
  1. Standard contracts for loans to Working Groups, Regions, etc.
  2. A standard program format for institutional members for General Assembly Meetings of IMIA.
  3. A routine methodology for encouraging national and institutional members to promote their meetings on the IMIA web site.
  4. The Afleshing out= of the responsibilities of the VP=s of Services, Members, and WG/SIGs in IMIA=s Standard Operating Procedures.
  5. Revision of the IMIA Brochure
  6. The drafting of an IMIA AOpportunities= brochure for marketing Corporate and Academic Institutional membership.

### **Electronic Services**

1. Some work has been done to modify the IMIA web site, particularly in respect to providing greater visibility to institutional members.

2. Work is underway to update the web site in respect to Standard Operating Procedures.
3. As indicated in the President=s report, Electronic Services will likely be moved to a local site; the transition will take place this winter. (See also the Electronic Services report)

Respectfully submitted,

Steven A. Huesing  
Executive Director

**IMIA ELECTRONIC SERVICES**  
**Report to the General Assembly**  
**November 11/12, 1999; Washington, USA**

**Thomas Kleinoeder**

Dept. of Medical Informatics, Head: Otto Rienhoff  
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IMIA's Electronic Services are maintained in Goettingen at the Medical Informatics Department since 1996. The intention of the web-site is to be a portal site to IMIA and its member-societies. The number of visitors is constantly growing every year. In 1998 about 43.000 visits were counted. Besides the public area of the web-site a membership database and other IMIA related information is available at the password-protected area of the site.

In the last year the work of IMIA's Electronic Services focused on:

- *Update, maintenance:* The major areas of the web-site have been regularly updated.
- *Consolidation:* The Electronic Services Group worked on the consolidation of the existing services. The membership database is stable and regularly updated. Members are encouraged to send changes in their contacts to the executive office or electronic services office.
- *Development:* Some new topics are now online. For example dynamic pages for the presentation of IMIA's Institutional Members have been prepared in close cooperation with IMIA's Executive Director. The information on institutional members is maintained in IMIA's membership database and the web-presentation is extracted by request from the database. A dynamic coming-events list based on an events-database is under preparation.

In 1998 a number of 42.554 visits were counted. About 85 percent of the users started their visit at the homepage before requesting other pages. The most popular page at the public site was the coming-events list beside the links-page to the national member societies and other Medical Informatics resources. About 10 percent of the visitors are accessing the site by using search engines. The questionnaire at the GA showed that IMIA's members had no problems accessing the web-site. Regarding the email clients there is a very heterogeneous environment to be found with at least 8 different software products. So only ASCII-emails with attachments should be send out.



At conferences like MIE 99 web-masters of Medical Informatics sites have been in contact to share their experiences. IMIA collaborates with the webmasters of Medinfo 2001 and EHTO regarding future developments.

In the last months the reorganization of IMIA's Electronic Services has been discussed. Major topics are:

- *Web-Hosting*: Web-Hosting is independent from the management of the services and geographic locations. Technical and financial aspects are most important. A reliable and fast internet connection is essential and the requirements of IMIA (like database maintenance) should be fulfilled.
- *Layout concept*: For future, professional presentation a layout concept including the development of electronic versions of logos and stationary should be discussed. This should be done by a professional agency.
- *Separation of content from technical issues*: A form of content management system should be discussed. Key figures of IMIA should be able to work on the content of the web-site.

The electronic services are currently maintained by Thomas Kleinoeder / Goettingen. He is supported by Werner Scholle and Udo Jahn.

The Electronic Services-Editor has been present at the following meetings for promotional and organizational work: Medinfo 98, Seoul, Korea; MIE 99, Lubljana, Slovenia; Mednet 99, Heidelberg, Germany:

- Kleinoeder T, Rienhoff O: *A Global Intranet for an International Scientific Society*. In: Safran C, Degoulet P, Cesnik B (Eds): MEDINFO 98 – World Congress of Medical Informatics, August 17-21, 1998, Seoul, Korea. IOS Press Amsterdam, 1998, 197-201
- Kleinoeder T, Jahn U, Rienhoff O: *The Need for Evaluation when managing the IMIA.ORG Web-Site*. In: Kokol P, Zupan B, Stare J, Premik M, Engelbrecht R: Medical Informatics Europe '99, IOS Press, Amsterdam, 1999, 543-6
- Kleinoeder T, Jonas G: *Managing a web-site for a clinical department and scientific organization*. Workshop at Mednet 99 – 4<sup>th</sup> World Congress on Internet in Medicine, Heidelberg, Germany, Sept. 18-22, 1999

Thomas Kleinoeder

**International Medical Informatics Association**  
**<http://www.imia.org>**

## **Item 14.2 Standard Operating Procedures**

### **MedInfo SPC & EC Travel Expenses & Reimbursement**

#### **Policy:**

Appointed members of the Scientific Program Committee and the Editorial Committee will be reimbursed for reasonable expenses incurred for the purpose of attending official Committee meetings. The total of such expenses shall not exceed the budget allocated to the applicable committee by the Vice President MedInfos.

Individual expenses shall not exceed \$US 2,000.00 per meeting attended by a member of the committee.

Whenever possible Chairs should arrange meetings with a Saturday night stay-over to accommodate the least expensive airfares and promotional weekend rates for hotel accommodation.

#### **Expenses:**

The following expenses will be reimbursed:

- # The cost of the lowest return economy airfare from the airport nearest to the member's residence to the place where the meeting will be held.
- # The cost of ground transportation to and from airports and home and meeting place.
- # Accommodation for the night prior to the meeting, during the meeting, and the last day of the meeting.
- # The reasonable cost of meals paid for during the meeting, and, where applicable, en route. For meals with family or friends, only the proportionate cost of the individual will be reimbursed.

The cost of personal entertainment, tours, etc. will not be reimbursed. **Please note that the registration fee at MedInfo will be the responsibility of each Committee member.**

#### **Process:**

The Chair of the Committee will advise the VP MedInfo and the Executive Director as to the dates and venue of Committee meetings.

Subsequent to the meeting, the Chair of the Committee will advise the Executive Director as to those members who attended the meeting.

#### **Reimbursement:**

Upon completion of the meeting, participants shall:

- # Prepare a travel expense claim listing the nature of expenses incurred by item and date, as per the attached form
- # Attach applicable receipts (original), and
- # Forward the claim to the Executive Director, indicating the preferred method of payment ( Bank Transfer, Cheque, or Bank Draft), via post or fax.

Upon receipt, the Executive Director shall:

- # Review the claim, adjust where necessary upon appropriate discussion, and, subsequent to the approval of the IMIA Treasurer,
- # Arrange for payment to be made.

**Reporting:**

The Executive Director shall maintain appropriate records and prepare periodic reports for distribution to the Committee Chairs, the VP MedInfo and the IMIA Treasurer.

**Item 15 REPORT OF THE NOMINATING COMMITTEE - Marion Ball**

**Chairmanship of the Nominations Committee**

This position is automatically filled by the outgoing president  
 The term of office is for three (3) years  
 The current term is from 1997 to 2000  
 Marion Ball became chair at the 1997 Board meeting and GA  
 Otto Rienhoff will become the next chair at the 2000 Board meeting and GA

**Membership of the Nomination Committee**

Members serve for three years with overlapping terms to ensure continuity  
 Two members, other than the chair are nominated and approved by the GA  
 Current membership is:

Marion J. Ball,	1997 - 2000
Beatriz de Leao,	1998 - 2001
George Mihales	1997 - 2000

*For 1999-2002, the Committee proposes Kathryn Hannah*

**IMIA Board**

Proposed Board members are to be submitted to the General Assembly one year in advance where possible; the President, 2 years in advance.  
 The current Board Members are:

President	Jan H. van Bommel	1998 - 2001
Past President	Otto Rienhoff	1998 - 1999
Treasurer	Ulla Gerdin	1998 - 2001
Secretary	Ian Symonds	1997 - 2000
VP MedInfo	KC Lun	1997 - 2000
VP WGs & SIGs	Nancy Lorenzi	1999 - 2002
VP Membership	Jean Roberts	1996 - 1999
VP Services	Alexa McCray	1996 - 1999
VP Special Affairs	Brian Shorter	1998 - 2001

The Committee proposes the following:

KC Lun	President-elect,	2000 - 2001,
	President	2001 - 2004
Ian Symonds	Secretary (2nd term),	2000 - 2002
Branko Cesnik	VP Membership,	1999 - 2002
Reinhold Haux	VP Services,	1999 - 2002

VP MedInfo

That KC Lun (1997-2000) serve one additional year, until 2001, to align the term of office with the MedInfo cycle;

that Charles Safran be elected to succeed KC Lun for the year 2001 to start working with KC in transition for the 2001 MedInfo, and serve as VP MedInfo for 2001-2004.

**Honorary Member**

The Committee proposes the election of Otto Rienhoff

Respectfully submitted,

Marion Ball  
Chair, Nominating Committee

## APPENDIX I

### The IMIA Professional Resource Index (PRI)

#### 1. Definition

An Internet accessible website driven by a data base consisting of individuals who possess scholarly knowledge of specific areas of scientific endeavours and expertise in the field of health/medical informatics in its broadest sense. The data base is indexed in identifiable and acknowledged areas of scientific, academic, and research pursuits and the field's topical issues.

#### 2. Market

To provide a resource of expertise to:

1. Institutions of learning; congresses, workshops and other educational forums for such purposes as:

- # presenters, panelists, sessional chairs,
- # referees or reviewers of papers, thesis, etc.,
- # oral and other examinations, and
- # collaborative relationships.

2. Corporations, for such purposes as:

- # Participating in Athink tanks,
- # Consulting or advising on Research and Development projects,
- # Education,
- # Providing local or global perspectives on market needs, and
- # Auditing projects

#### 3. Data Base

The Data Base to support the PRI would be developed in several phases.

1. Phase 1

- # Name, title(s), institution or employer,
- # demographics including E-mail,
- # academic credentials,
- # native language and other oral and written proficient languages, and
- # areas of expertise (appropriately indexed)

2. Phase 2 would include the addition and maintenance of the individual=s CV

3. Phase 3 would include the addition and maintenance of publications and current activities.

#### 4. Participation and Access

1. Participation by an individual to be included in the PRI is voluntary; the individual may chose to restrict access to their data to academic institutions, or to educational forums.

2. The index would be updated or verified as to accuracy on an annual basis.
3. The individual on the index is under no obligation to participate in proposed projects and may make financial arrangements as it suits his/her situation
4. Access to the data base (subject to restrictions identified by individuals) initially would be restricted to national, academic, and corporate members of IMIA based on individual passwords. It is possible that in the future, access may be available on a fee-for-service basis.

**5. PRI Candidates**

Candidates for inclusion in the PRI will be invited in stages:

1. Members of IMIA's Board, Working and Special Interest Groups, Senior Officers= Club, Regions, General Assembly, MedInfo Committees and Honorary Fellows.
2. Presenters, chairpersons, and referees of MedInfo=98.
3. By invitation to National and Institutional members.
4. Participants in educational events of IMIA on an on-going basis.

Quality assurance mechanisms have yet to be developed for phases 3 and 4.

## **Item 4 Report of the Past President**

### **Report of the Past-President – Otto Rienhoff**

During his last year of term the PP has worked with the organisers of the MIE Conference in Germany in 2000. This conference is linked to the World Exposition (EXPO) at Hannover in August 2000. Together with the OC of the conference it was possible to specify the conditions for an IMIA GA in Hannover - just preceding the MIE and two German conferences. This will allow our international Medical Informatics community to participate in the EXPO which in many aspects is discussing the value of information technology to our society. Thanks to Dr. Engelbrecht, the EFMI President, and his team we can say that good conditions for accommodation are available - if you book soon!!!

We still are investigating other activities as e.g. mentioned in the Presidents report or an international IMIA Summer School linked to the conference. However it is not easy to calculate smaller meetings parallel to a world fair.

Any request regarding the GA should be directed to IMIA's Ex.Dir. - any bookings should go directly to Hannover (see announcements in IMIA home page). Additional information under : [haegar@med.uni.goettingen.de](mailto:haegar@med.uni.goettingen.de)