

**International Medical
Informatics Association**

General Assembly

2000

Hannover, Germany
August 26, 2000

Preliminary Version, August 19, 2000
Final version with page-numbers will be available at the GA

IMIA GENERAL ASSEMBLY MEETING

AUGUST 26, 2000
0830 h – 1700 h

Bonatzsaal, Hannover Conference Center
Hannover, Germany

AGENDA

! OPENING

1. Welcome by the President of IMIA
2. Welcome by Chairman of EFMI Congress
2. Approval of the Agenda
3. Minutes Of GA Meeting, November 11 & 12, 1999, Washington, DC *(Attached)*
4. Resignation of Brian Shorter

2. INTRODUCTION OF NEW MEMBERS

1. Schattauer Verlag (Plaque Presentation)
2. HISCOM (Plaque Presentation)
3. New National Representatives
 - a. Bill Dartnell, Canada
 - b. Emilio Morales, Cuba
 - c. Mikko Korpela, Finland

3. REPORT OF THE PRESIDENT – Jan H. van Bommel

(Report Attached)

1. Potential Conference in the Middle East

4. REPORT OF THE EXECUTIVE DIRECTOR – Steven Huesing

(Report Attached)

1. Web – site Development *(Report Attached)*
2. Electronic Services
3. Standard Operating Procedures (new)
 - a. Endorsement of Documents *(Attached)*
 - b. Affiliated Organizations *(Attached)*
 - c. Membership Applications – Corporate Members *(Attached)*
 - d. Membership Applications – National members *(Attached)*
 - e. Documentation for Changes in Signing Officers *(Attached)*

5. REPORTS OF REGIONAL REPRESENTATIVES

1. EFMI – J.R. Scherrer
2. IMIA-LAC – Cesar Colina
3. APAMI – Branko Cesnik
4. African Region – Sedick Isaacs

6. REPORT OF THE SECRETARY – Ian Symonds

(Report Attached)

7. REPORT OF THE TREASURER – Ulla Gerdin

(Report Attached)

1. Financial Update – Fiscal Year 1999 *(Report Attached)*
2. Financial Update – Fiscal Year 2000 *(Report Attached)*

3. Approval of 5 year Budget *(Report Attached)*
4. Approval of budget for 2001

- 8. REPORT OF THE MEMBERSHIP FEE TASKFORCE – Ulla Gerdin *(Report attached)***
 1. Approval of revised classification structure
 2. Approval of National Member assignment into structure
 3. Approval of Membership fee changes

- 9. REPORT OF THE AUDIT COMMITTEE – Ab Bakker Chair *(Report Attached)***
 1. Audited Financial Statements *(Audited Statements attached)*
 2. Approval of 1999 Audited Statements

- 10. REPORT OF THE VP- MEMBERSHIP – Branko Cesnik *(Report Attached)***
 1. Approval of Philippines from Observer to National Member
 2. Approval of Peru as Observer Member
 3. Approval of Georgia from National to Observer Member
 4. Approval of Ukraine from National to Observer Member
 5. Approval of Foundation de Informatica Medica as Institutional Academic Member
 6. Approval of University of Heidelberg as Institutional Academic Member
 7. Approval of Central Queensland University as Institutional Academic Member

- 11. REPORT OF THE VP – MEDINFO – K.C. Lun *(Report Attached)***
 1. Progress report, MedInfo 2001
 2. Selection of host for MedInfo 2004

- 12. REPORT OF THE VP - SERVICES – Reinhold Haux *(Report Attached)***
 1. IMIA Yearbook
 2. IMIA Newsletter

- 13. Report of the VP - WORKING & SPECIAL INTEREST GROUPS**
 Report of Vice President for WG & SIGS – Given by Charles Safran on behalf of Nancy Lorenzi *(Report Attached)*
 1. Approval of new Working Groups
 - a. Consumer Health Informatics *(Proposal Attached)*
 - i. Alex Jadad (Chair) 2000 – 2003
 - ii. Betty Chang (Co-chair) 2000 – 2003
 - iii. Gunther Eysenbach (Co-chair) 2000 - 2003
 - b. Intelligent Data Analysis and Data Mining *(Proposal Attached)*
 - i. Ricardo Bellazzi (Chair) 2000 – 2003
 - ii. Blaz Zupan (Co-chair) 2000 – 2003
 - c. Mental Health *(Proposal Attached)*
 - i. Michael Rigby (Chair) 2000 – 2003
 - ii. Ann Sheridan (Co-chair) 2000 – 2003
 2. Approval of Working Group Chairs
 - a. WG 1 Evelyn Hovenga (Chair) 2001 – 2004
John Mantas (Co-chair) 2001 – 2004
 - b. WG 10/14 Klaus Kuhn (Chair) 2000 – 2003
 - c. WG 11 Wook-Sung Yoo (Chair) 2000 – 2003

- d. WG 17 Mark Musen (Co-chair) 2000 – 2003
- 3. Ethical Code of Practice (WG 4 Recommendation)
 - a. Discussion paper (Attached)
 - b. Background Paper (Eike-Henner Kluge) (Attached)
 - c. Proposed motion (Attached)

14. REPORTS OF INSTITUTIONAL MEMBERS

15. REPORT OF THE NOMINATING COMMITTEE – Otto Rienhoff (*Report Attached*)

- .1 Approvals of Nominating Committee Members
- .2 Elections of Board Members

16. UPCOMING MEETINGS

- .1 London UK, September 1, 2001, (0830-1800)

17. OTHER BUSINESS

18. ADJOURNMENT



HANNOVER GENERAL ASSEMBLY

Agenda Item 3

August 26, 2000

Report of the President

Jan H. van Bommel

Since the IMIA General Assembly meeting in Washington D.C., November 1999, the President was involved in several issues. This report covers the period since the last GA meeting. Issues are related to:

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

1. Strengthen IMIA as professional organization

Institutional members

In collaboration with the Executive Director, several new institutional members could be welcomed to IMIA during the last GA. The President has prepared, with his secretariat, a list of potential academic and corporate institutional members. This list has been discussed at the Board meeting in Auckland with the intention that the VP for membership, Branko Cesnik, will take action.

IMIA Yearbook

The President has finished – in his former function as Chief-editor of the Yearbooks – his activities in editing the IMIA Yearbooks, the last Yearbook being the one of 2000. These activities have been transferred to the new Vice President for Services, Reinhold Haux, who has started the production of the 2001 Yearbook, together with Kaz Kulikowski. See report by VP for Services.

VP for Services

Elements of the strategic plan for Services were discussed with Reinhold Haux during several meetings in the past year, either in Heidelberg or in Rotterdam. It will be presented at the GA meeting in Hannover.

Middle East Board meeting

The President has had frequent correspondence with Dr. Batami Sadan, the representative for Israel, and with the Shimon Peres center for Peace, to find out whether a medical/health informatics conference could be organized for Israel and its neighboring countries, at the time of a possible IMIA Board meeting in the Middle East in the Spring of 2001. Contacts have also been made with representatives of Ministries in Egypt and Jordan to find out whether a combined meeting is feasible. A decision will be made in the next few months.

2. Building bridges to other organizations

Affiliated Societies

See the separate reports by Nancy Lorenz.

Strategic Conferences

Thus far, no strategic conferences were planned.

3. Tap the experience of former officers and honorary members

Friends of IMIA

During the time of the GA in Washington it was discussed with the Senior Officers whether it would be worthwhile to come forward with a proposal to establish a group of "friends of IMIA". It was decided that a few members of the Senior Officers Club would make a proposal, in close communication with the President. After this meeting it was decided, however, to postpone this issue until the time of a next meeting between Senior Officers and the President. Probably, a further discussion will take place in Hannover.

4. Make IMIA better visible to the outside world

Presentation of IMIA at international conferences

Since the last GA meeting, the President represented IMIA during the Opening Ceremony of the International Nursing Conference in Auckland, New Zealand, April 30-May 3rd, which was combined with an IMIA Board meeting. The President also attended in May 27-30 the Swedish Annual Conference on Medical Informatics in Stockholm, where he gave a keynote. Later during 2000, the President will attend a few conferences of national societies in Europe and elsewhere.

Year 2000 Activity

After initial discussions with Rolf Engelbrecht and Otto Rienhoff that IMIA would present itself to the world during the World Expo in Hannover, August 2000, it was decided that there would be an IMIA E-Conference, called "Peter Reichertz Video Conference" on *Empowerment of Patients for Better Health Care*. Participants will be from different countries, such as: Japan (Kaihara), Argentina (Carlos Vallbona), Netherlands (Minister of Health), Germany (either Minister of Health or some other high official), USA (possibly Don Lindberg and/or Ted Shortliffe). The President will chair the session. The E-conference will take place on Monday, August 28 2000 from 4:00-5:15 p.m.

5. Make MEDINFOs still better and MEDNIFO 2001 the largest ever

MEDINFO 2001

Extremely good progress is being made on MEDINFO 2001 in London. See the report by the VP for MEDINFOs and that of the OC for MEDINFO 2001. At the time of the GA meeting, the President will have visited the premises of the forthcoming MEDINFO 2001 conference in London.

MEDINFO 2004

A call for proposals has been issued and the response from one country (USA) has been received. A preliminary version of this proposal was discussed during the IMIA Board meeting in Auckland. The final proposal will be discussed at the GA meeting in Hannover; see also the report by the VP for MEDINFOs.



August 26, 2000

Report of the Executive Director

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 IOS Press and the various committees of MedInfo 2001.
2. The secretariat has been working with a number of potential new National Societies including the Philippines, and Peru to assist them in preparing their application to join IMIA.
3. A major goal continues to be the recruitment of Institutional members:
 - a. Corporate Members
 - i. New corporate members include HISCOM and F.K. Schattauer Verlag.
 - ii. There are ongoing efforts in respect to other potential candidates that are in various stages of recruitment.
 - b. Academic Members
 - i. Preparations are being undertaken emphasizing the recruitment of new Academic members.
 - ii. Several new Academic members have been proposed for acceptance at this General Assembly meeting.
4. To assist in these marketing activities, major additions to the IMIA web-site will include information on IMIA and the benefits of Institutional membership so that this informational is readily available to those who have an interest in IMIA membership. As well, several initiatives such as the "Virtual University" and the Professional Resource Index will be a value-add to IMIA membership benefits.
5. Support of specific IMIA activities include:
 - a. Assisting WG4 in the promotion and funding of their Working Conference security of the Distributed Electronic Patient record@, held on June 21-24, 2000, Victoria, Canada; I was privileged to be a member of their OC.
 - b. Assisting in the promotion of MedInfo 2001, by arranging for exhibit space at INFOcus 2000 in Vancouver, Canada and through securing free advertising.

Affiliated Societies

Partnering with other symbiotic International Societies, defined in IMIA=s by-laws as Affiliate Members@ is a continuous process. A Memorandum of Understanding with the International Federation of Health Record Organizations (IFHRO) has been concluded.

Administration

The following items are highlights of the administrative tasks undertaken:

1. Ulla Gerdin, Chair of the Task Force on IMIA membership fees, has completed a proposal for a reclassification of the IMIA Membership fee structure for the General Assembly's consideration (see Report)
2. Engaged the Auditor to perform the audit for 1999 and assisted with his audit; the Audit Committee has completed their report to the GA.

3. The completion of the paperwork to comply with Swiss Corporate and Banking regulations has proven to be a drawn-out and tedious process, but is believed to be near completion.
4. The collection of outstanding membership fees for National Members has in large part been resolved.

Electronic Services

Regrettably we failed to meet the activity targets we set for ourselves last fall.

Considerable effort has been undertaken to completing the Goals identified in last year's report - the Institutional Member component and the Standard Operating Procedures.

Some very exciting work is being undertaken – please refer to the “Web Site Development report”



August 26, 2000

Web – Site Development Report

Steven A. Huesing
Executive Director

Background

For the past year there have been many discussions by the Board in respect to reviewing the IMIA website from a content, functionality and cosmetic perspective. Fundamental principles underlying these discussions included:

1. A centralized database for IMIA activities and information together with a warehousing function for specific-purpose systems.
2. Independence, in the sense of operating, maintaining and enhancing the web site in a professional and business-like fashion.
3. Distributed data entry and data maintenance subject to an “editor” function to protect the web site’s integrity.
4. Ongoing development to provide enhanced services and functions for IMIA’s members, working groups, publications and events.

As reported at the Washington meeting of the GA in November 1999, the Board has not been successful in securing funding for the Professional Resource Index. This project continues to be a priority as a value-added service to the health informatics field and a potential source of income to IMIA.

In February 2000 a meeting was held between the Editor of the IMIA Yearbook, Reinhold Haux (and his staff), the Executive Director (ED), and Dr. Thomas Kleinoeder of IMIA’s Electronic Services. The primary outcome of this meeting was that the data for the Yearbook, would be collected centrally by the ED to avoid both duplication and data discrepancies.

The Board, at their April meeting in Auckland New Zealand, authorized the ED to proceed in this development, specifically:

1. The allocation of a budget of \$30,000.
2. To commence development with a local web services designer and provider.
3. The establishment of a supervisory committee of the Board to monitor, assist and advise on development,
4. To develop a project description and plan.

Progress to Date

Considerable effort has been undertaken in respect to information transfer between IMIA’s Electronic Services and the designers in respect to the website’s content and the underlying data base structure. A face to face meeting between Thomas Kleinoeder and the designers took place during INFOcus 2000 at Vancouver BC at the end of June 2000. Much of this task has been completed.

In addition the ED has held numerous meetings with the designer on design and content issues.

Specific Outcomes

1. Much of the public component of the website has been redesigned to appear more cosmetic and easier to navigate.
2. The design principles, following the concept inherent in the current website, have been established as follows:
 - a. That fundamentally web site content be database driven.
 - i. Input to the database where possible would be electronic and web-enabled - including both new data and the update of existing data.

- ii. Input would be subject to an Editorial function and supervisory function.
 - iii. Data relevant to the website would be directed based on destination or function.
 - iv. That the facility to automatically request and monitor updates from specific data sources be provided.
 - b. That there are essentially two data bases:
 - i. An individual data base which includes data elements required for IMIA administrative purposes, the IMIA Yearbook, Working Groups, and the Professional Resource Index
 - ii. An organizational database, which includes data elements, required for IMIA Member organizations, Working Groups, Committees and the published "Coming Events".
 - c. Other content of the website which is essentially static and where input is based on IMIA administration will remain in traditional formats.
 - d. That a commerce site will be developed for the eventual use of the Professional Resource index and the purchase of IMIA publications
3. An initial web-enabled data collection site has been developed for the purposes of collecting data of the National members for the IMIA Yearbook www.qualitygroup.com:591/IMIA/start.htm and for updating our current database. Similar online customized "forms" will be developed for:
- a. IMIA Working Groups
 - b. Corporate Members
 - c. Academic Members
 - d. Observers & Corresponding Members
 - e. Affiliated Organizations
 - f. Committees, Task Forces and other like organizations internal to IMIA.
- It is expected that these forms will be available online in early September,

Short Term Goals

The goals for the remainder of 2000 are as follows:

- 1. To complete the transition to the updated website
- 2. To enhance the content with IMIA information, membership information, etc.
- 3. To "operationalize" the data update process.
- 4. To develop an enhancement and long term plan for 2001
- 5. To facilitate the hosting of Working Group web sites, and develop appropriate update and maintenance methodologies for those sites.
- 6. Professional Resource Index:
 - a. Complete and implement the "Alpha" version of the Index's database.
 - b. Develop the "rules" embracing the Index
 - c. Begin implementation with IMIA Board and those within the immediate IMIA family.



HANNOVER GENERAL ASSEMBLY

Agenda Item 4.3.1

August 26, 2000

Standard Operating Procedures

ENDORSEMENT OF DOCUMENTS

From time to time, position papers, guidelines and other like documents may be prepared by Working Groups, Special Interest Groups, Working Conferences and other IMIA related groups which are considered to be of significant interest and use to the Medical Informatics Community.

Where the author(s) of such a document desire IMIA'S endorsement, they shall:

1. Submit the document to the Board of IMIA, who will review it (or cause it to be reviewed) for scientific content, merit, relevance, and significance to the International Medical Informatics Community. The Board may request modifications to the document.
2. Where the Board deems that the document is worthy of the endorsement of IMIA, the Board may recommend its endorsement by the General Assembly. In that case, document to be endorsed shall be placed on the Agenda of the next meeting of the General Assembly.
3. Where the document is approved by the General Assembly, the document shall have the Logo of IMIA placed on it along with the words "Endorsed by IMIA, the International Medical Informatics Association on (date of the General Assembly meeting) and be posted on the IMIA web site. The document will also be published in the next edition of the Yearbook of Medical Informatics.
4. The Vice President of Special Services shall review Endorsed Documents on an annual basis to assess their continued relevance, and shall advise the Board accordingly. Where the document is no longer relevant or outdated, the Board may request that the document be revised, or seek approval of the General Assembly to withdraw endorsement.

DRAFT, March 2000

Approved for submission to the GA, Board Meeting of April 30, 2000 – Auckland New Zealand



August 26, 2000

Standard Operating Procedures

AFFILIATED ORGANIZATIONS

IMIA by-laws under section 2.4 "Affiliate IMIA Members" state: "Any international organization, professional or governmental, professionally engaged within the field covered by IMIA or closely related fields, may become an Affiliate Member."

Purpose:

The purpose of affiliate members is to promote collaboration, sharing, cross-pollination and the reduction of redundancy of effort by both IMIA and the affiliate member to achieve the ultimate goal of providing information, education and value to the Health Informatics community.

General Precepts:

1. Both IMIA and the affiliate maintain their corporate identity; there is no implication that one organization is in any way subservient to the other.
2. There are no financial obligations or responsibilities incurred as a consequence of the affiliation for either party.
3. That IMIA and the affiliate organization work together on joint projects such as conferences, workshops and other activities where such activities are mutually beneficial.

General Conditions:

1. Both parties will invite appointed liaisons to attend each other's governing body in an official capacity; any expense incurred in this regard will be borne by the representative's organization.
2. Where and if deemed appropriate, each organization may choose to include a representative from the other on Committees, Working Groups and in an observer capacity at Executive and Board meetings.
3. Each organization will assist the other in the promotion of each other's services and events and encourage contributions to each other's publications, conferences and other like activities.

Process:

1. Where it is determined by initial discussions that there is a potential for an affiliate relationship, the matter must be brought to the Board's attention in order to receive approval in principle.
2. Upon approval by the Board, the Executive Director in collaboration with the Vice President Membership and the Vice President Working Groups and SIG's, will initiate discussion and negotiation of a Memorandum of Understanding with the representative of the other organization.
3. When the content of the Memorandum of Understanding is in a draft stage where it meets the requirements of both organizations, the Memorandum will be submitted to the respective Boards for approval.
4. When both Boards have approved the memorandum, the IMIA Board shall submit the proposal to the General Assembly for approval at their next meeting.
5. Subsequent to approval by the General Assembly, the Board shall appoint a member to act as the official liaison to the Affiliated Organization.

DRAFT March, 2000

Approved for submission to the GA, Board Meeting of April 30, 2000 – Auckland New Zealand



HANNOVER GENERAL ASSEMBLY

Agenda Item 4.3.3

August 26, 2000

Standard Operating Procedures

Membership Applications - Corporate Institutional Members

Qualifications:

IMIA will accept corporations (vendors, consultants, publishers, et cetera) to join as Corporate Institutional Members of IMIA.

Acceptance is subject to an annual membership fee of \$US 2,000.00

Responsibility:

The responsibility for the active recruitment of Corporate Members rests with the Vice President Membership; the Executive Director has been delegated the tasks involved with the process.

A standard "invitation document" along with appropriate attachments is available from the Executive Director.

Required Information:

Applications must include the following:

1. The name of the organization.
2. The address and contact information.
3. A brief narrative describing the activities of the organization.
4. An electronic version of the corporate logo.

The information must be submitted to:

Executive Director
IMIA
5782-172 Street
Edmonton, Alberta
T6M 1B4, Canada
E-mail: hccc@v-wave.com
Fax: +. 780.489.3290

Process:

1. Upon receipt of the information and the required fee, the corporation will be granted provisional membership status. A letter of welcome from the President of IMIA will be prepared and sent.
2. The Board will be advised; the application will be placed on the agenda of the next Board meeting for confirming approval and recommendation to the General Assembly for approval at their next meeting.
3. The IMIA website will be updated.
4. The General Assembly will vote as to the acceptance of the application and the organization will be presented a plaque signifying their membership.

DRAFT March, 2000

Approved for submission to the GA, Board Meeting of April 30, 2000 – Auckland New Zealand



August 26, 2000

Standard Operating Procedures

Membership Applications - National Members

Qualifications :

IMIA will only permit one society, group of societies, or organization to become a National Member of IMIA.

Such a body must be representative of the national activities within the field of medical informatics in that country.

Responsibility:

The responsibility for the membership application process rests with the Vice President Membership; the Executive Director has been delegated the tasks involved with the process.

Required Information:

Applications must be made in writing and include the following:

1. The name and legal status of the society or organization
2. The address and other contact information, including website address, (where applicable).
3. The by-laws or terms of reference of the organization, including the qualifications required for membership.
4. The number of members of the organization, and the population of the country.
5. A brief narrative describing the activities of the organization.
6. The name, title, organization, address, telephone, fax and e-mail address of:
 - a the President or Chair of the organization
 - b the proposed representative to IMIA, and,
 - c where it pertains, the Secretariat or administrative officer of the organization.

The application must be submitted to:

Executive Director
IMIA
5782-172 Street
Edmonton, Alberta
T6M 1B4, Canada
E-mail: hccc@v-wave.com
Fax: +.780.489.3290

Process:

Upon receipt, the application will be:

1. Reviewed by the Executive Director for completeness.
2. Reviewed by the Vice President of Membership of IMIA, and submitted to the Board of IMIA along with a recommendation for acceptance or otherwise, along with the annual membership fees assigned to the organization.
3. Reviewed by the Board of IMIA for submission to the next meeting of the General Assembly of IMIA.
4. Where the Board has approved the application, the organization may be granted Provisional Observer status

5. Voted as to acceptance by the General Assembly at their next meeting; upon acceptance, the organization will be granted National Member status.

The applicant will be informed as to status on an ongoing basis.

DRAFT March, 2000

Approved for submission to the GA, Board Meeting of April 30, 2000 – Auckland New Zealand



August 26, 2000

STANDARD OPERATING PROCEDURES

CHANGES IN SIGNING OFFICERS

This procedure has been established in order to fulfil legal and financial requirements of IMIA's incorporation status in Switzerland and to maintain access to IMIA's investment banking facilities with the Credit Suisse .

The procedure applies when there is a change of incumbent in any of the following IMIA positions:

- President
- Treasurer
- Executive Director

Procedure

1. The minutes of the General Assembly meeting where such a change is reflected shall specifically indicate the outgoing and incoming incumbent, and shall be moved, seconded and approved.
2. An original copy of those minutes, signed by both the President and Secretary, shall be provided to both the Registry of Commerce and the Credit Suisse.
3. The Executive Director or Secretary shall prepare a document which includes:
 - a. the full name
 - b. address, and
 - c. IMIA position titleof both the outgoing and incoming incumbent.
4. This documentation shall be submitted to:

Registre du commerce
Attention: Mme Rosset
Case postale 3597
CH-1211 Geneva 3
Switzerland
5. In addition, for the Credit Suisse, the following are required:
 - a. a copy of the passport of the incumbent
 - i. notarised by a Notary Public, and accompanied by
 - ii. an apostil (affidavit) by the notary public
 - b. a specimen of the new incumbent's signature on the form prescribed by the bank. (this form must be requested from the bank)

This documentation shall be submitted to:

Credit Suisse Private Banking
Attention: Jan Hagenfedt
Box 500
CH-1211 Geneva 70
Switzerland

Prepared July 22, 2000 for Board approval at the Board meeting of August 25, 2000, Hannover, Germany



HANNOVER GENERAL ASSEMBLY

Agenda Item 6

August 26, 2000

Report of the Secretary

Ian H. Symonds

The following minutes have been completed and distributed:

- The minutes of the General Assembly held in Washington, DC on November 11 & 12, 1999
- The minutes of the Board Meetings held in Washington, DC on November 10 & 11, 1999
- The minutes of the Board Meetings held in Auckland, New Zealand on April 29 & 30, 2000.

The months since the Washington General Assembly Meeting have in the main been taken up with routine administrative matters.

There is nothing substantive to report.



HANNOVER GENERAL ASSEMBLY

August 26, 2000

Report of the Treasurer

Agenda Item 7

Ulla Gerdin

The financial outcome of 1999 was better than budgeted. A number of reasons made this possible: national membership fees were paid for 1999 and the years behind, the interest from IMIA funds exceeded budget and low costs in general.

Still a number of countries have not paid their dues for two years or more. The 1999 IMIA General Assembly in Washington decided that membership dues should be reviewed. A task force was set up with the following members: national member from Bosnia Herzegovina, Izet Masic, VP-membership Branko Cesnik, executive director, Steve Huesing, and the treasurer Ulla Gerdin. The GA directed that a report should be presented for consideration by the GA in August 2000 in Hanover, Germany. A proposal for revised membership dues will be presented to GA 2000.

During the year efforts have been made to sort out administrative and bureaucratic routines to handle change of IMIA signatories with the Swiss bank. It takes its time and is not yet finalised.

Financial outlook

IMIA's financial situation has not changed. It is constrained and based upon membership fees, interests from funds and the Medinfo conferences every three year. IMIA faces a probable increase in costs during the next years: the contract with executive director has to be renegotiated, a new contract for the IMIA Yearbook is under way and the maintenance of electronic services will cost more.

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION
Statement of Income & Expense
For the Twelve Months Ended December 31, 1999

	ACTUAL	BUDGET	1998
REVENUE			
Membership Fees			
National Members	30.613,00	30.000,00	29.666,00
Institutional Members			
Academic	1.800,00	3.000,00	4.200,00
Corporate	20.904,29	17.000,00	0,00
TOTAL	53.317,29	50.000,00	33.866,00
Other			
MedInfo '89 Proceeds	0,00	0,00	36.907,08
MedInfo '98 Proceeds	0,00	0,00	70.023,64
Advertising Sales	0,00	2.000,00	0,00
Royalties	921,36	2.000,00	927,98
Currency Exchange	12.524,21	0,00	3.384,25
Investment Revenue	4.738,45	0,00	0,00
Interest	6.503,76	20.000,00	12.380,83
TOTAL	24.687,78	24.000,00	123.623,78
TOTAL REVENUE	78.005,07	74.000,00	157.489,78
EXPENSES			
Adminstration			
Secretariat	30.000,00	30.000,00	27.175,05
Electronic Services	5.074,69	20.000,00	20.000,00
Legal/Audit Fees	1.487,84	2.000,00	1.674,56
Currency Exchange	0,00	0,00	0,00
Bank Charges	503,17	1.000,00	535,66
Other Expenses	3.745,04	4.000,00	0,00
TOTAL	40.810,74	57.000,00	49.385,27
Publications			
Yearbook	16.000,00	16.000,00	16.000,00
Newsletter	0,00	2.500,00	0,00
Other	0,00	2.000,00	0,00
TOTAL	16.000,00	20.500,00	16.000,00
Organizational			
Annual Meetings	4.510,73	5.000,00	8.267,88
Board Expenses	103,40	4.000,00	1.744,45
Working Groups	0,00	2.500,00	6.328,00
Special Interest Groups	0,00	0,00	0,00
Regions	0,00	3.000,00	4.000,00
TOTAL	4.614,13	14.500,00	20.340,33
TOTAL EXPENSES	61.424,87	92.000,00	85.725,60

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION
Statement of Income & Expense
For the Twelve Months Ended December 31, 1999

	ACTUAL	BUDGET	1998
SURPLUS (DEFICIT)	16.580,20	-18.000,00	71.764,18
Retained Earnings			
Beginning of the Year	395.080,55	409.316,00	323.316,37
End of Year/Period	411.660,75	391.316,00	395.080,55

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION
Statement of Income & Expense
For the Six Months Ended June 30, 2000

	ACTUAL	BUDGET	1999
REVENUE			
Membership Fees			
National Members	14.636,00	22.000,00	30.613,00
Institutional Members			
Academic	0,00	6.000,00	1.800,00
Friends of IMIA	0,00	2.000,00	0,00
Corporate	12.960,00	28.000,00	20.904,29
TOTAL	27.596,00	58.000,00	53.317,29
Other			
Advertising Sales	0,00	5.000,00	0,00
Conference Proceeds	0,00	5.000,00	0,00
Royalties	45,10	2.000,00	921,36
Currency Exchange	0,00	0,00	12.524,21
Investment Revenue	771,33	0,00	4.738,45
Interest	2.440,05	20.000,00	6.503,76
TOTAL	3.256,48	32.000,00	24.687,78
TOTAL REVENUE	30.852,48	90.000,00	78.005,07
EXPENSES			
Administration			
Secretariat	15.000,00	30.000,00	30.000,00
Electronic Services	5.336,95	25.000,00	5.074,69
Legal/Audit Fees	1.389,32	2.000,00	1.487,84
Currency Exchange	704,55	0,00	0,00
Bank Charges	185,17	1.000,00	503,17
Other Expenses	118,78	4.000,00	3.745,04
TOTAL	22.734,77	62.000,00	40.810,74
Publications			
Yearbook	16.000,00	16.000,00	16.000,00
Newsletter	0,00	2.500,00	0,00
Other	0,00	2.000,00	0,00
TOTAL	16.000,00	20.500,00	16.000,00
Organizational			
Annual Meetings	347,77	5.000,00	4.510,73
Board Expenses	107,17	4.000,00	103,40
Working Groups	0,00	4.500,00	0,00
Special Interest Groups	0,00	0,00	0,00
Regions	0,00	3.000,00	0,00
TOTAL	454,94	16.500,00	4.614,13
TOTAL EXPENSES	39.189,71	99.000,00	61.424,87

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION
Statement of Income & Expense
For the Six Months Ended June 30, 2000

	ACTUAL	BUDGET	1999
SURPLUS (DEFICIT)	-8.337,23	-9.000,00	16.580,20
Retained Earnings			
Beginning of the Year	411.660,75	377.080,00	395.080,55
End of Year/Period	403.323,52	368.080,00	411.660,75

August 26, 2000

AGENDA ITEM 7.3

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION

5 Year Budgetary Projections (Swiss Franks)

	2000	2001	2002	2003	2004
REVENUE					
Membership Fees					
National	22.000	23.000	24.000	24.000	25.000
Academic	6.000	7.800	9.000	9.000	12.000
Corporate	28.000	42.000	50.000	50.000	60.000
Friends of IMIA	2.000	3.000	5.000	5.000	5.000
Total	58.000	75.800	88.000	88.000	102.000
Other					
MedInfo Proceeds	-	75.000	-	-	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	15.000
Advertising Sales	5.000	10.000	10.000	10.000	10.000
Total	32.000	117.000	47.000	47.000	122.000
TOTAL REVENUE	<u>90.000</u>	<u>192.800</u>	<u>135.000</u>	<u>135.000</u>	<u>224.000</u>
EXPENSES					
Administrative					
Secretariat	30.000	30.000	50.000	50.000	50.000
Electronic Services	25.000	25.000	30.000	35.000	45.000
Legal/Audit Fees	2.000	2.000	2.000	2.000	2.000
Other	5.000	5.000	5.000	5.000	5.000
Total	62.000	62.000	87.000	92.000	102.000
Publications					
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
Total	20.500	20.500	20.500	20.500	20.500
Organizational Expenses					
Annual Meetings	5.000	5.000	5.000	5.000	5.000
Board Expenses	4.000	4.000	5.000	5.000	4.000
Working Groups & Regions	7.500	7.500	7.500	10.000	15.000
Total	16.500	16.500	17.500	20.000	24.000
TOTAL EXPENSES	<u>99.000</u>	<u>99.000</u>	<u>125.000</u>	<u>132.500</u>	<u>146.500</u>
Surplus(Deficit)	<u>- 9.000</u>	<u>93.800</u>	<u>10.000</u>	<u>2.500</u>	<u>77.500</u>
Accumulated Surplus					
Beginning of Year	377.080	368.080	461.080	471.080	473.500
END OF YEAR	<u>368.080</u>	<u>461.880</u>	<u>471.080</u>	<u>473.580</u>	<u>551.000</u>



August 26, 2000

Report of the Membership Fee Taskforce

Ulla Gerdin
 Branko Cesnik
 Izet Masic
 Steven Huesing

Proposal for revised membership dues

Background and present situation

Almost 15 years have passed since IMIA reviewed national membership fees. A number of national members fail to pay annual fees when they are due for a variety of reasons: errors or changes in billing addresses, changes in the political situation, civil war and economical constrains, "new-born" societies with unstable finances or established societies with temporary problems. There are also differences in cultures and routines that have impact on when IMIA gets the annual payments.

The 1999 IMIA General Assembly in Washington decided that membership dues should be reviewed. A task force was set up with the following members: national member from Bosnia Herzegovina, Izet Masic, VP-membership Branko Cesnik, executive director, Steve Huesing, and the treasurer Ulla Gerdin,, The GA directed that a report should be presented for consideration by the GA in august 2000 in Hanover, Germany.

National Member's dues are segregated into five categories and members are billed in Swiss Franks. Since 1980 the category of dues that a national member is placed has been based on the "scale of assessment" of the World Health Organisation (WHO). The fee related to the categories is subject to annual review by the GA; the last change to membership fees was made in 1986.

Category	Annual Fee
A	1,417. CHF
B	1,023. CHF
C	630. CHF
D	393. CHF
E	157. CHF

The current number of national members assigned to each category is indicated below.

Year	Group A	Group B	Group C	Group D	Group E	Total
2000	2	4	15	10	10	40
1980	2	5	13	9	3	32

The current assignment of IMIA national members to the five categories is as follows:

Group A	Group B	Group C	Group D	Group E
Japan USA	Canada France Germany UK	Argentina Australia Austria Belgium Brazil China Denmark Finland Georgia Italy The Netherlands Norway Sweden Switzerland Ukraine	Bosnia Croatia Hungary Ireland Israel Korea Mexico Slovenia South Africa Spain	Cuba Czechia Hong Kong New Zealand Poland Romania Singapore Slovakia Uruguay

Proposals

Scale of assessments and categories

The objective of the Task Force was to arrive at a more equitable and up to date scale of assessment for the membership dues. The task force found it useful to continue to follow the scale of assessment of WHO, and based its recommendations on the scale for the financial period 2000-2001. The task force proposes to expand the membership fee categories from five to six. The table below shows the six categories, the WHO scale points for each category and the new grouping of national members.

Group A WHO points > 15	Group B WHO points 5-15	Group C WHO points 1-5	Group D WHO points 0,5-1	Group E WHO points 0,1-0,5	Group F WHO points < 0,1
Japan USA	France Germany Italy UK	Argentina Australia Belgium Brazil Canada Spain Sweden Switzerland The Netherlands	Austria China Denmark Finland Mexico Norway	Czech Hong Kong Hungary Ireland Israel New Zealand Poland Singapore South Africa Ukraine	Bosnia Croatia Cuba Georgia Korea Romania Slovakia Slovenia Uruguay

Membership fees

The table below shows the proposed fees for 2001

Category	Annual Fee
A	1,450
B	1,050
C	700
D	500
E	410
F	170

The financial impact of these changes will be minimal, having an impact of an increase in total dues of 150 CHF.

Modification to Standing Operating Procedures (SOP)

To accommodate societies in financial or other temporary difficulties, the Task Force proposes that the SOP be modified to include the following:

A National member that fails to pay its membership fees and is in arrears for two years of fees, shall be provided with two opportunities:

- Take up observer status with IMIA for three years, at the end of this period the member may apply for full membership, or
- Terminate its membership in IMIA.

This opportunity will only be granted once for that member.



HANNOVER GENERAL ASSEMBLY

Agenda Item 9

August 26, 2000

Report of the Audit Committee

Ab Bakker (Chair)
John Flint
Shigekoto Kaihara

We, the Audit Committee of IMIA, have received the Auditor's Report from Woods & Company Chartered Accountants for the year ended December 31, 1999 and have the following comments:

The financial position of IMIA appears much more solid than at the end of the year 1998. We have the impression that finances are well controlled now.

We are pleased to see that there is a significant increase in membership fees in comparison with the preceding year (in our report for the year 1998 we identified membership fees as an issue that deserved attention). The total amount of membership fees is slightly higher than the budget.

We are pleased to see revenue exceeding expenditures over the year 1999.

Our recommendation to the General Assembly is to accept the audit report for the year 1999.

.....
Ab Bakker
(Chairman)

.....
John Flint

.....
Shigekoto Kaihara

**I.M.I.A.
INTERNATIONAL MEDICAL
INFORMATICS ASSOCIATION
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
DECEMBER 31, 1999**

Gary E. Kropp*
John A. Crozier*
Walter E. Noot*
Heinz R. Lemke*
Allan L. Rowswell*

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10250 - 101 Street
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AUDITOR'S REPORT TO THE MEMBERS

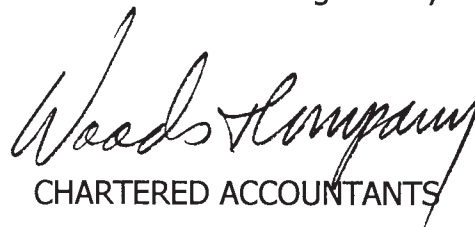
We have audited the balance sheet of I.M.I.A. - International Medical Informatics Association as at December 31, 1999 and the statements of revenue and expenditures and members' equity and cash flow for the year then ended. These financial statements are the responsibility of the society's treasurer and executive director. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many non-profit organizations the organization derives revenue from memberships, the completeness of which is not susceptible of satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the organization and we were not able to determine whether any adjustments might be necessary to memberships, excess of revenues over expenditures, current assets and members' equity.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the memberships referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 1999 and the results of its operations and the changes in cash flow for the year then ended in accordance with generally accepted accounting principles.

April 6, 2000
Edmonton, Alberta


CHARTERED ACCOUNTANTS

**I.M.I.A.
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION**

**STATEMENT OF REVENUE AND EXPENDITURES
AND MEMBERS' EQUITY**

FOR THE YEAR ENDED DECEMBER 31, 1999

	SWISS FRANKS	
	1999	1998
REVENUE		
Memberships	53,317	33,866
Gain on exchange	12,524	3,384
Interest income	11,242	12,381
Royalties	921	928
Med-Info revenue sharing	-	106,931
	<u>78,004</u>	<u>157,490</u>
EXPENDITURES		
Secretariat	30,000	27,175
Year book publication	16,000	16,000
Travel and board meetings	8,359	10,012
Electronic services	5,074	20,000
Professional fees	1,488	1,675
Bank service charges	503	536
Working group support	-	10,328
	<u>61,424</u>	<u>85,726</u>
EXCESS OF REVENUE OVER EXPENDITURES FOR THE YEAR	16,580	71,764
MEMBERS' EQUITY - BEGINNING OF YEAR	<u>395,080</u>	<u>323,316</u>
MEMBERS' EQUITY - END OF YEAR	<u>411,660</u>	<u>395,080</u>

**I.M.I.A.
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION**

BALANCE SHEET AS AT DECEMBER 31, 1999

		SWISS FRANKS	
		1999	1998
ASSETS			
CURRENT			
Cash		1,971	300,037
Term deposit		62,620	46,442
Mutual funds		348,352	-
Accounts receivable		4,304	75,636
		417,247	422,115
LOANS RECEIVABLE		5,000	-
	TOTAL ASSETS	422,247	422,115
LIABILITIES			
CURRENT			
Accounts payable		8,335	19,666
Deferred revenue		-	4,953
		8,335	24,619
HELD IN TRUST FOR THE NURSING INFORMATICS SPECIAL INTEREST GROUP		2,252	2,416
	TOTAL LIABILITIES	10,587	27,035
MEMBERS' EQUITY			
MEMBERS' EQUITY		411,660	395,080
		422,247	422,115

APPROVED

APPROVED

**I.M.I.A.
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION**

STATEMENT OF CASH FLOW

FOR THE YEAR ENDED DECEMBER 31, 1999

	SWISS FRANKS	
	1999	1998
OPERATING ACTIVITIES		
Membership receipts	119,696	38,819
Med-Info revenue sharing	-	38,387
Investment receipts	24,687	16,693
Cash paid to suppliers	<u>(72,755)</u>	<u>(82,060)</u>
Cash flows from operating activities	<u>71,628</u>	<u>11,839</u>
INVESTING ACTIVITIES		
Increase in loans receivable	<u>(5,000)</u>	<u>(1,764)</u>
Cash flows used in investing activities	<u>(5,000)</u>	<u>(1,764)</u>
FINANCING ACTIVITIES		
Advances to Nursing Informatics Special Interest Group Trust Account	<u>(164)</u>	<u>(7,347)</u>
Cash flows used in financing activities	<u>(164)</u>	<u>(7,347)</u>
INCREASE (DECREASE) IN CASH FOR THE YEAR	66,464	2,728
CASH - BEGINNING OF YEAR	<u>346,479</u>	<u>343,751</u>
CASH - END OF YEAR	<u>412,943</u>	<u>346,479</u>
 CASH IS COMPRISED OF:		
Cash	1,971	300,037
Term deposit	62,620	46,442
Mutual funds	<u>348,352</u>	<u>-</u>
	<u>412,943</u>	<u>346,479</u>

I.M.I.A.
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1999

NOTE 1 - ORGANIZATION

I.M.I.A. is a non-profit organization chartered in Geneva, Switzerland on February 2, 1994. The purpose of the organization is to coordinate the advancement of the use of computers in healthcare internationally.

NOTE 2 - CURRENCY TRANSACTIONS

The organization's bank accounts, during the year, were maintained in Dutch Guilders, Swiss Franks and Canadian Dollars with all transactions converted to Swiss Franks for financial reporting purposes.



August 26, 2000

Report of the Vice President Membership

Branko Cesnik

It is my privilege to serve as the Vice President Membership for IMIA. One of the major activities undertaken in the realm of membership was the work of the Membership Fee Taskforce headed by Ulla Gerdin, IMIA's Treasurer. The taskforce, in addition to the responsibilities it was charged with by the Washington General Assembly, also dealt with the situations facing some current IMIA members in respect to membership fees. The results of that activity are included in this report.

1. National Member Societies Status

The National member for Finland has changed its name to the Finnish Health Informatics Association; the new representative is Mikko Korpela.

The following changes and additions are proposed for the General Assembly's approval:

1. **Philippines** – that the Philippine Medical Informatics Society, currently an IMIA observer, be accepted as a National Member. The proposed IMIA representative is Alvin B. Marcello.
2. **Peru** - that the Peruvian Health Informatics Association be accepted as an Observer member pending completion of the application process. The representative is Dr. Crisogono Francisco Rubio.
3. **Georgia** – that the Georgian Association of Medical Informatics, a current National member of IMIA be accepted as an Observer member in accordance with the process proposed by the Membership Fee Taskforce. The representative is Prof. G. Vasadze.
4. **Ukraine** – that the Ukraine Association for Computer Medicine, a current National member of IMIA be accepted as an Observer member in accordance with the process proposed by the Membership Fee Taskforce. The representative is Prof. Oleg Mayorov.

Currently we are in correspondence with a number of nations including Turkey, Zambia, and Ghana.

2. Institutional Member Status

1. Corporate Members

We have been working with a number of potential candidates over the past nine months including:

1. IOS Press (The Netherlands)
2. TILAK EDV Abteilung (Austria)
3. Cerner Corporation (USA)
4. Elsevier Science (The Netherlands)
5. IMS Healthcare (Canada)

2. Academic Members

It is proposed that the following institutions be accepted as Academic Institutional Members effective in 2001:

1. Foundation de Informatica Medica
2. University of Heidelberg
3. Central Queensland University

It is anticipated that with the upcoming web-site changes, the implementation of the PRI, MedInfo 2000 and the initiatives proposed by the working groups, membership activity looks extremely promising over the next year.



August 26, 2000

Report of the Vice President MedInfo K.C. Lun

The MEDINFO2001 OC, SPC and EC have made further progress in their preparations for the Congress since last reporting their activities for the Spring Board Meeting in Auckland, New Zealand in April 2000.

1. OC Update (from Jean Roberts, OC Chair)

Since its last report to the Board in April, the OC has again been very active, holding a joint meeting with the EC in London (May 26) and various sub-group meetings, addressing the web developments, social programme, exhibition and marketing. Site visits have been made to the locations of social events and significantly to the 'Topping Out' ceremony for the congress venue, ExCeL. The web site has had a significant update and all other matters proceed as planned. Further information will be released via the website at periodic intervals. Key points for the Board to note are :

1.1 Scientific Programme requirements

- The international referees' list is being built at present with particular thanks to the SPC members, specialist group representatives and AMIA;
- Tutorials : the programme continues to be developed. A number of submissions for tutorial or workshop participation are under review at present;
- The OC continues to approach significant speakers for the Opening and Closing Sessions;
- Discussion with Dr Meinzer regarding the Poster area is underway;
- SPC monies have been transferred as required to IMIA Executive Director;
- Mechanisms are being costed to allow UK-based SPC member to oversee submissions processing. Exploration of the extensive but relatively transient requirements are proving challenging. Arrangements for budgetary variations of contributions to this will be agreed with SPC once costs are confirmed;
- Requests to-date for Working Groups to hold management meetings can be accommodated within available space provisions. WG topic sessions will form an integral part of the scientific programme and, as such, are being referred onto the SPC for consideration;
- Work has started on the accrual of basic materials for the Preliminary Programme.

1.2 Progress of Congress site development

- The ExCeL Congress venue is ahead of schedule and on target for its first event in November 2000;
- The on-site accommodation opportunities for participants will be confirmed after a meeting in October, once building schedules have been reviewed.

1.3 Contractual position

- The contract for the venue has been signed by the BCS. Various minor matters are subject to further negotiations.

1.4 The Medinfo2001 Web site

- The website is extensively populated (www.medinfo2001.org) with an electronic Registration of Interest facility. A significant review and update has recently been completed.

1.5 Promotional Activities

- A new member of the OC has been recruited to lead on this activity and has already initiated contacts with national press and further web-based distribution channels;
- Collateral material (additional) has been issued to 25 countries and a reminder offer made to all other IMIA nations about their requirements;
- In addition, numerous meetings have disseminated information relating to Medinfo including INFOCUS 2000 in Canada and the International Congress of Medical Librarians in UK;
- The Call for Participation is being reprinted and the dissemination of more flyers is planned;
- The European Commission Information Society Directorate Health Evaluators were informed of Medinfo2001 and expressed considerable interest in displaying project progress at the event;
- The Congress will be promoted at events including MIE2000 in Hannover and APAMI-MIC2000 in Hong Kong;
- The Events calendar is being maintained and information exchanges, web links and cross-mailings are being explored with both IMIA-linked events and complementary concurrent initiatives;
- Advertisements have been placed with key journals. The complimentary nature of some advertising space from IMIA Institutional Members is recognised;
- Please notify the OC of any further suitable events for promotion (jean@hcjean.demon.co.uk)

1.6 Bursaries

The criteria for the award of Medinfo2001 bursaries have been posted on the web. Contact has been made with the international Health Information Forum and they have expressed an interest in collaborating with the IMIA Developing Countries Group on a workshop. A number of charitable foundations have also been approached for further funding.

1.7 Diplomatic Liaisons

The UK Department of Trade and Industry-hosted meeting resulted in a number of useful initiatives including positive contacts with TradeNZ, the US Commercial Services, the Greek Embassy, British Trade International, the Hungarian Embassy and others.

1.8 Travel and Accommodation

The development of a full range accommodation options is progressing. Reserves on block rooms are being made as appropriate. Negotiation with preferred carriers is ongoing.

1.9 Accompanying Persons Programme

Plans are well developed.

1.10 Exhibition

- The contract is nearing completion. The interest in the Global Village component is encouraging. Additional cross-sectoral, multi-national and international non-commercial bodies and initiatives have been identified and will be approached to extend the 'knowledge exchange' features in the exhibition space;
- Approaches to major vendors and service suppliers have been started;

- Sponsorship coordinators (SMS) are continuing their targeting of major platinum and gold sponsors.

1.11 Social Programme

Plans are firming up well.

1.12 Supporting Organisations

Formal support from WHO has been declined due to logistical impracticalities but it is still hoped to have WHO involvement in the workshops and formal scientific programme.

1.13 Next Steps

The **Medinfo2001** Organising Committee welcomes assistance from the Board and the IMIA family to extend its promotion even further. The following are always welcomed –

- Extensive consideration of the Calls for Participation
- Details of potential events for promotion (IMIA and beyond)
- Advertorial and article opportunities in special journal features and trade magazines
- Speaking invitations as vehicles for spreading the word
- Requests for collateral material for local promotion
- Encouragement for wider participation through health informatics, governmental, academic, scientific and other appropriate channels

2. SPC Update (from Hiroshi Takeda, SPC Co-Chair)

Although the SPC had had no meeting since the first SPC meeting in Washington D.C., continuing discussions had been made via mailing list (SPCLON). The two SPC co-chairs continued to work closely with each other and had made informal meetings together in Japan (March) and in the Netherlands (May). In the meantime, the "Call for Participation" had been circulated to the IMIA community via the web as well as printed materials.

2.1 Tracking of submissions

MEDINFO2001 will accept papers (scientific, opinion/future vision, and review), posters and scientific demonstrations/e-posters. In order to review the whole process electronically, efforts are being made to finalize the reviewers with e-mail addresses immediately after the MIE Hannover meeting. The SPC is planning to use the same software used by the last SPC for Medinfo98 to track the scientific submissions. The SPC will need confirmation at the Board Meeting in Hannover that the software will be made available to them.

2.2 Instructions for authors and e-submissions

Another urgent task is to prepare the instructions for authors, particularly with respect to submissions of their contributions. The OC, EC and SPC would need to agree on the process for e-submissions. Trials on e-submissions of manuscripts involving images presented no logistical problems. Mechanisms have also to be worked out for the reviewers to download the e-submissions from a remote server for the review processes. The EC chair and IOS Press could be contact for suggestions on how that could be done.

2.3 Panel discussions and workshops

In order to facilitate panel discussions and workshops, the SPC co-chairs had written to the chairs of the respective IMIA working groups. Some proposals had been received.

2.4 Plenary and keynote speakers

The SPC will work closely with the OC to source for plenary and keynote speakers.

3. EC Update (from Vimla Patel, EC Chair)

Since the last meeting in Washington in November 1999, the EC has been actively working with the OC, much less with SPC. The EC chair and Ray Rogers met with John Bryden and Jean Roberts on 26 May 2000 in London, UK. It is quite clear that face-to-face communication is necessary to quickly and effectively resolve a number of problematic or indecisive issues that asynchronous means of communication does not allow. Major points of the meeting are summarized below:

3.1 Meeting with OC in London

The OC has set up a web site with call for papers and the instructions to authors. The template for submission is also up and running. The paper submission deadline has been established for 1 December 2000. The negotiations with John Bryden and Jean Roberts dealt with the subtleties in the procedures for file transfers, format requirements of the submissions, software updates and planning the organization of the proceedings. Also discussed were issues relating to advertisements in the proceedings and recognition to be given to PRIME sponsors (with logo) on a lead page in each volume of the Proceedings. In addition, agreement with the OC was also reached on the placement of advertisements collectively between the end of content and beginning of Authors Index in each paper volume. No advertisement will go in between the papers in the body of the proceedings. In the CD-ROM version, sponsor recognition will be as in the paper version, but with live hyperlink in place.

The dates for call for papers, deadline for submission, reviewers and final submission are all finalized and is on the Medinfo2001 website. Flaws at the website were highlighted to the OC at the meeting and they have since been corrected and updated as users are interacting with the system.

3.2 Experimental server at McGill

Following the setting up of a stable web server at the Centre for Medical Education at McGill to handle file attachments and also to serve as an ftp site, tests showed that large graphics files could be easily downloaded and accommodated without problems. As it stands, personnel at McGill will be able to access papers from the server but similar tests have not been done for access by people outside McGill.

An internal committee has been set up at McGill to help with the processing of papers, including assistance with preparation of the table of content, authors list and indexes, as well as assistance with editing. The local McGill committee is to meet on 17 August to discuss the creation and storage of Table of Contents as a hypertext list and Author Index to paper versions on CD-ROM . In addition, there will be discussions on the production of a useable list of keywords for **medinfo2001** based on, but not exclusively, listed items in Call for Participation and expert knowledge. The work will require part-time help from a student but the EC chair is not clear if there is a budget to support the student.

3.3 Chapter Headings and Keywords for Proceedings

The recent London meeting had also resulted in agreement to devise Chapter Heading suggestions (max.20) for the Proceedings structure. The EC chair recommended that the keywords and chapter headings be updated based on types of papers received. Otherwise there would be problems of not knowing where to slot some of the papers. Thus, there would be a need for more input from the SPC on keywords as well as final chapter headings.

3.4 List of referees

All papers will be submitted to John Bryden of the OC in MS Word document. PDF files will not be acceptable. The list of referees for paper reviews is being finalized.

3.5 Contract with IOS

Discussions with IMIA ED, Steve Huessing, Ray Rogers of the OC and Einar H. Fredriksson of IOS Press are still continuing regarding the details of the publishing contract. IMIA owns the copyright and written consent will have to be given by the authors for this copyright transfer. Individual authors should be able to get permission to put the papers on individual websites. Other issues of the contract with IOS:

- IOS will print the book from the paper version that the EC will send to them. The paper version will need to be complete in all respects. The pages will be numbered and the contents and any relevant appendixes will need to have the page numbers included. There should be no need for IOS to change numbering in that they print from the camera-ready paper version.
- To allow any necessary editing, if any, IOS will require a separate file for each paper and other sections such as appendixes, contents and advertisements. They will all be in Word format.
- As for the CD-ROM it appears that IOS expect from EC a master disk from which they will copy the required numbers. It is not clear whether IOS can produce the master from the camera-ready paper version.
- It is still not clear that if IOS will be responsible for the e-indexing and search functions for the CD-ROM version of the Proceedings.

4. Bidding for MEDINFO2004

The invitation to bid for MEDINFO2004, together with the guidelines for making a MEDINFO bid, was announced at the General Assembly in Washington DC last November. Members who were not present at the GA had had the opportunity to receive the information from the minutes of the GA that were subsequently circulated to them. The Executive Director was also requested to make another round of announcement in early March 2000.

At the time of closing of the bids, only the USA had submitted a proposal for the hosting of MEDINFO2004. The proposal from AMIA was discussed at the last Board Meeting in Auckland, New Zealand in April, after which AMIA was requested by the Board to make some revisions to their proposal. The revised proposal was received by the office of the IMIA Executive Director on July 15, 2000 and will be tabled for approval at the General Assembly in Hanover this August.



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HANNOVER GENERAL ASSEMBLY

Agenda Item 12

August 26, 2000

Report of the Vice President Services

Reinhold Haux

IMIA Yearbook of Medical Informatics

IMIA Yearbook 2000, edited by Jan van Bommel and Alexa McCray, has been published at the beginning of the year 2000 and has been shipped to the national societies. During MIE2000, each participant will receive a copy of an IMIA Yearbook.

IMIA Yearbook 2001 'digital libraries and medicine' is in preparation (see <http://www.med.uni-heidelberg.de/mi>). Editors are Casimir Kulikowski and Reinhold Haux.

IMIA web site

Thomas Kleinoeder and Steven Huesing run the WWW server. As a result of a meeting in February 2000, redundancy with the IMIA Yearbook will be avoided. Concerning reports of IMIA organizations, usually data from the IMIA WWW server will be taken for the Yearbook.

Strategic Plan for IMIA Services

A first version of the plan has been submitted for the IMIA Board Meeting in Hannover.



August 26, 2000

Report of the Vice President WG & SIGs
&

Nancy Lorenzi

Reports of the IMIA Working Groups and SIG's

Part 1: Vice President for Working Groups Report

Since assuming the responsibility for the IMIA Working Groups in August of 1998 I have engaged in a three-fold change process. My first goal was to understand and document the needs of the working groups/chairs. (Assessment included in the WG November 1999 report) The second goal was to concentrate our resources to maximize our impact (Creation of the Scientific Map—see also the November 1999 report). The third goal is to prepare a working group agenda for the future to advance the knowledge of the various topic areas and in turn the reputation of IMIA.

By August of 2000 we could have 18 working groups instead of 14 (a 28% increase). There were leadership changes in 7 (50%) of the 14 working groups that were in IMIA in August of 1998. By August of 2000 there will be two additional leadership chair changes (one in April—Nursing SIG and one this fall—WG1). Thus, by the fall of 2000 65% of the IMIA August 1998 Working Groups will have new chairs. The continuing Working Group leaders as well as the new Working Group leaders are very dynamic and highly energized about their content areas as well as their roles and responsibilities.

Issues to discuss:

- The Working Group chairs, especially the new chairs continue to ask to IMIA support to assist with the duties of the chair, e.g. travel support, local support or support of a web site for their working group. How can IMIA support our working groups?
- Several IMIA working groups have web sites to explain their purpose and enhance their work. Will IMIA support the creation, host, and on going maintenance of a web site?
- Based on the IMIA WG4 working conference, Security of the Distributed EPR and the recommendation of Working Group 4, I recommend discussion of the “adoption and promulgation of an Ethical Code of Practice and the “promotion of a security policy framework, together with other international professional organizations in our domain.” (see the attached Eike Kluge paper—Section 2.4.)

Taken from Eike-Henner Kluge's attached Paper to Facilitate the IMIA Board and General Assembly Discussion

“6. Principles

Codes of informatic ethics, therefore, and guidelines for the ethical treatment of health care information, should focus solely on ethical principles as these apply to health care information. There is a certain set of such principles that have received universal acceptance during the last century. They include the principle of autonomy and respect for persons, the principle of equality and justice, the principles of beneficence and non-maleficence, the principle of fidelity and the principle of impossibility. Applied to the context of health care delivery and medical information, it leads to the following as fundamental principles for the ethical treatment of medical records[10, 13]:

Principle of Information-Privacy and Disposition

All persons have a fundamental right to privacy, and hence to control over the collection, use and disposition of the data about themselves.

Principle of Openness

The collection, use and disposition of personal data must be disclosed in an appropriate and timely fashion to the subject of those data..

Principle of Access

The subject (or subjects) of an electronic record has the right of access to the record and the right to correct that record with respect to its accurateness, completeness and relevance.

Principle of Legitimate Infringement

The fundamental right of control over the collection, use and disposition of personal data is conditioned only by the legitimate, appropriate and relevant information needs of a free, responsible and democratic society, and by the equal and competing rights of other persons.

Principle of the Least Intrusive Alternative

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data that is otherwise mandated, may only occur in the least intrusive fashion and with a minimum of interference with the rights of the affected person.

Principle of Accountability

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data, must be justified to the affected person in good time and in an appropriate fashion.

Principle of Security

Data that have been legitimately collected about a person should be protected by all reasonable and appropriate measures against loss, degradation, unauthorized destruction, use, modification or disclosure.

These principles do not depend on national, ethnic or other values. Instead, they focus on the subject of a medical record solely insofar as the individual is a person, and derive from the uniquely close relationship that obtains between a health record and the subject of that record. As such, they are an appropriate basis for an informatic code of ethics. They can be further fleshed out in terms of subject-centred duties (subject of the record); profession-centred duties (towards the profession); institution-employer oriented duties; duties towards the society in which the relevant records are generated and health care is delivered; and finally, duties towards health informatics professionals and the profession [10, 11,13].”

Personal Note:

On a personal note, I will not be at the August IMIA Board and General Assembly meetings. After many years at the University of Cincinnati, I joined the Vanderbilt University medical informatics faculty as a professor of Biomedical Informatics and also an Assistant Vice Chancellor for Health Affairs at the beginning of May. I was looking forward to the August meeting, but my new position and also the relocation regretfully caused me to cancel my travel plans.

Part 2: Working Groups Reports

WG1 Health and Medical Informatics Education

Chair: Dr. Reinhold Haux

- Working group 1 continues to update and run its web server with its database on health-medical informatics programs and courses, and its mailing list.
- Working Group 1 is in the process of completing the publication of the IMIA recommendations in health and medical informatics education. An English version will appear in *Methods of Information in*

Medicine. Nora Oliveri has prepared a first draft of a Spanish version and a Chinese translation is process also.

- Currently there are open questions on the accreditation procedure for programs and courses in health and medical informatics seeking IMIA certification (see section 8.1 of the recommendations). Evelyn Hovenga will chair a task force to develop the details for a potential accreditation procedure. Working group 1 is planning another working conference on international perspectives in HMI education in or near Salt Lake City, and organized by Reed Gardner. More details expected in August of this year.
- WG1 will host an annual meeting in conjunction with the MIE conference in Hanover.
- WG1 also participated in a joint workshop on medical informatics education and organizational impact studies by EFMI WG6 (education) and EFMI WG9 (organizational issues) and co-sponsored by IMIA WG1 and WG13 for MIE 2000.

WG 4 Data Protection in Health Information Systems

Chair: Prof. Ab R. Bakker

- IMIA WG4 had an excellent working conference “Security of the Distributed EPR” from June 21-24 2000 at Victoria Canada. The proceedings from the conference will be published in the International Journal.
- As presented in the IMIA VP for Working Groups report, this group recommends the adoption and promulgation of an Ethical Code of Practice (See paper of Eike Kluge) and the promotion of a security policy framework, together with other international professional organizations in our domain.
- WG 4 presented a workshop at the Nursing Informatics 2000 conference.

WG5 Primary Health Care Informatics

Chair: Dr Michael Kidd

Co-chair: H.W. Mullins

The new Working Group leadership is developing a recruitment plan for this working party and is seeking advice on the IMIA guidelines for accomplishing this task. Once the membership is in place, they will review the objectives for the group and prepare a work plan to deliver on 3 stated objectives. The main objective is, to promote primary care computing by (1) acting as a forum for exchange of ideas between members (2) providing information to our members to assist them in progressing primary care computing in their own countries (3) increasing the understanding of primary care computing issues with a view to publishing the results of these discussions.

- The new leadership would like to see these activities complement the work plan for the Informatics Working Group of WONCA (The World Organization of Family Doctors). Dr. Kidd is currently chair of both WONCA and IMIA WG 5.
- The WG 5 chair has been approached by the *Journal of Primary Care Informatics* to see if this working group would like to join its activities in some collaborative manner. We are following this up.
- The WG 5 chair is a member of the Scientific Program Committee for Medinfo 2001 and he has talked with the UK organizers of MEDINFO 2001 to ensure there is a solid primary care presence in the scientific program. The chair was invited to deliver tutorial sessions on “The EMR in family medicine - lessons from around the world on how to make best use of the computer on your desk” and “Gems or Garbage? How might Family doctors assess the quality if medical information on the Internet?” for Medinfo 2001.
- The WG 5 chair is planning to develop a web site to promote the WG work plan and activities.
- At a local level we have been very busy advancing computerization of general practice in Australia and have had quite remarkable success. Over the past 12 months over 50% of Australian GPs have commenced using a computer on their desktop for prescribing and other clinical activities. This has been a result of financial incentives from our commonwealth government and a concerted partnership arrangement between the medical profession, consumers, industry and government. Details are available on the website of the General Practice Computing Group: www.gpnetwork.net.au/gpcg/ I am very keen to share our experiences with my IMIA Primary Care colleagues.

WG6 Medical Concept Representation**Chair: Christopher Chute, MD, Dr.PH.**

- The Medical Concept Representation Working Group sponsored a very successful working conference from December 16-19, 1999 in Phoenix, Arizona. The following people were the program committee: Christopher G. Chute, MD, DrPH, Chair, Mayo Clinic/Foundation, USA; James J. Cimino, MD, Columbia University, USA; Pierre Zweigenbaum, PhD, Assistance Publique -Hôpitaux de Paris, France; Vimla L. Patel, Ph.D., McGill University, Canada; Alan Rector, MD, Ph.D., University of Manchester, UK; Dr. Angelo Rossi Mori; Consiglio Nazionale delle Ricerche, Italy; Shusaku Tsumoto, MD, Ph.D., Shimane Medical University, Japan.
- More than 20 papers were presented covering topics from Natural Language Processing for Patient Information to EMR–Re-engineering the Organization of Health Information from Characterization of Terminology Models to Enterprise Issues Pertaining to Implementing Controlled Terminologies. The papers from this conference will be published in late 2000 or early 2001.

WG7 Biomedical Pattern Recognition**Chair: Dr. Christoph Zywietz**

- Dr. Zywietz continues to develop the agenda for this working group.

WG9 Health Informatics for Development**Chair: Nora Oliveri, MD**

- This group continues to coordinate meetings and conferences that support informatics in developing countries. The chair of this group also works with the IMIA-LAC group. The chair of Working Group 9 translates the IMIA Newsletter and other critical documents (e.g. IMIA recommendations for health and medical informatics) into Spanish. The documents are available through their IMIA web-site.

WG10/ WG14 Hospital Information Systems/Health Professional Workstations**Chair: Klaus Kuhn, MD**

- Dr. Klaus Kuhn, Inst. Med. Informatics, Philipps-University Marburg, Germany, and Dr. Dario Giuse, Vanderbilt University Medical Center Nashville, TN, USA, have been nominated as chairpersons. They have agreed upon possible topics of interest for a WG 10/14 working conference in 2001, and from the outline of topics they will proceed in formulating WG 10 objectives/aims/mission for the Hannover IMIA meeting.
- The chair has contacted AR Bakker as the previous WG chair and asked him for information and his opinion concerning former and future objectives (including the idea of renaming WG 10 to Health Care Information Systems). The WG objectives and future activities will be based on the existing aims and previous work of these very successful WGs and will be proposed to the General Assembly in Hannover.

WG11 Dental Informatics**Chair: Dr. Wook Sung Yoo****Co-Chair: Dr. John Eisner**

- This working group continues to update the IMIA Dental Informatics Working Group home page <<http://tasc.sdm.buffalo.edu/imia/>> on a regular. This IMIA home page is an excellent portal to dental informatics worldwide and is highly acknowledged by dental professionals.

WG13 Organizational Impact of Medical Informatics**Chair: Dr. Bonnie Kaplan**

- Working Group 13 in conjunction with the AMIA working group continues to produce and distribute an on-line newsletter on a periodic basis. The Working Group is planning its Medinfo 2001 submissions. The IMIA, AMIA, and EFMI Working Groups submitted a joint panel proposal to the AMIA Fall Symposium. This panel was accepted. Several WG members presented a panel at the IFIP 8.2 meeting in Aalborg in 2000. There will be a summary of the meeting posted on the web as part of the conference report they are preparing. Working Group leaders would like to have people and

organizational issues represented in the IMIA yearbook and plan to talk to the editors to explore this possibility.

WG15 Technology Assessment & Quality Development

Chair: Jan Talmon, Ph.D.

- Dr. Talmon continues to develop this working group's agenda. There will be a workshop/workgroup meeting as part of the MIE 2000 Hannover meeting. They will be discussion potential activities for Medinfo 2001, an overview of the Joint WG 13 and WG 15 working conference in Helsinki, and also will accept information about the work of working group members present.

WG16 Standards in Health Care Informatics

Chair: Dr. Georges J.E. De Moor

- No report received.

WG17 Computerised Patient Records

Chair: Dr Johan van der Lei,

Co-Chair: Dr. Mark A. Musen

- The proceedings of the first working conference in Rotterdam appeared in *Methods of Information in Medicine* 1999:38:287-361. The Working Group is planning for their next working conference scheduled for 2002.

WG18 Telematics in Healthcare

Chair: Regis Beuscart MD, Ph.D.

- No report received.

SIG N1 Nursing Informatics

Chair: Dr. Evelyn J.S. Hovenga RN

- The IMIA Nursing Informatics SIG held a strategic planning meeting on 11 November 1999 in Washington, USA to review IMIA-NI aims and objectives and to identify what future actions IMIA-NI could support in order to achieve these aims. The format of the day included presentations and discussion on Nursing Informatics and its contribution to nursing and health care education, research, quality of care, informatics standards, nursing concept representation and management.
- Although our aims and objectives were still relevant, the focus tend to be of an educational nature and they need to be updated to reflect the wider current agenda. A discussion was held regarding the need to promote nursing informatics and its implications for nursing; to encourage and support links with national professional nursing organisations and the International Council for nurses; raise the profile of IMIA-NI and of nursing informatics within the discipline of health care informatics. A number of actions were suggested which are to be ratified at our next General Assembly to be held in Auckland, New Zealand in April 2000.
- Heather Strachan gave a presentation regarding where IMIA-NI was presently supporting nursing informatics research and provided some suggestions as to how nursing informatics research could be supported in the future. The meeting recommended that a new working group would be established to support others wishing to undertake research through the identification of priorities, partnerships and the provision of information to support infrastructure. Dr Nancy Bergstrom, had tabled ideas for the future of the Evidence Based Nursing Working Group. Links have been made to a wide range of evidence based groups across the world.
- A general discussion was held regarding the way in which nursing informatics supported nursing management and the importance of the management of nursing informatics. Particular topics highlighted included: the organisational impact of nursing informatics; the selection of systems, the organisation of care, clinical management and change management. The meeting recommended that a working group would be established to pursue this topic further.
- Both the standards and concept representation groups would form the steering Group for Development of a Reference Terminology Model for Nursing. The group would identify all existing terminologies, developers and contacts, which would be brought together within a recommended framework. This work would be supported by an inventory of experts in models, linguistics and user.

Dr Kathleen McCormick to develop a template and send out to all contacts. National members would be asked to identify who was presently involved in standards in own country. Meanwhile this project has been accepted by the ISO WG3 although the title has changed slightly, it is now Integration of a Reference Terminology Model for Nursing. This new proposed work item is ISO/TC215 N94 and is currently being voted upon by member countries to determine the extent of international support.

- The History working group has published a small textbook, International Nursing Informatics: A history of the first forty years 1960 - 2000 that will be launched at NI-2000 in Auckland.
- Each IMIA NI working group now has its own listserver. They have each organised to hold a meeting at NI'2000 to discuss their draft proposal for the future work of their group and report at the next IMIA- NI General Assembly in New Zealand April 2000.
- The ISO/TC215 N94 new work item was accepted in March , 2000. A technical committee was established and has had several meetings. The next will be in Coimbra, Portugal on 15 November. This will be followed by the 5th Telenurse Conference.
- NI2000 was a great success based on very positive feedback from participants. It was followed by an invitational post conference in Waikato to explore the theme: The role of informatics in the integration of evidence into work process control (eg pathways) and outcomes management across the continuum of care. Some great papers were presented and good discussion followed. A number of these papers will be published in JAMIA.
- IMIA NI also has a new website which is accessible via the main IMIA website.

Provisional: Biomedical Statistics and Information Processing

- No report submitted.

Provisional: Consumer Health Informatics

Chair: Alejandro Jadad, MD DPhil

Co-Chair: Betty L. Chang, DNSc

Co-Chair: Gunther Eysenbach, MD

- See attached proposal

Provisional: Intelligent Data Analysis and Data Mining

Chair: Dr. Riccardo Bellazzi

Co-Chair: Dr. Blaz Zupan

- See attached proposal

Provisional: Mental Health

Chair: Michael Rigby

Co-Chair: Ann Sheridan, RN

- See attached proposal

IMIA Working Groups Recommendations for the IMIA General Assembly

Moved that the following people be accepted by the IMIA General Assembly for the roles specified.

Working Group 1: Chair 2001-2004

Dr. Evelyn J.S. Hovenga RN, Chair
Central Queensland University,
Rockhampton, Australia

Working Group 1: Co-chair

Prof. Dr. John Mantas, co-chair
University of Athens,
Athens, Greece

Working Group 10/14:Chair 2000-2003

Klaus Kuhn, MD
University of Marburg
Marburg, Germany

Working Group 10/14: Co-chair

Dario Giuse, Ph.D.
Vanderbilt University Medical Center
Nashville, TN USA

Working Group 11: Chair 2000-2003

Wook-Sung Yoo, DDS, Ph.D.
Gannon University
Erie, PA USA

Working Group 17: Co-chair

Mark A. Musen, MD, Ph.D.
Stanford University
Stanford, CA USA

Review of pending Working Group proposals

New Working Group Proposal 1: Consumer Health Informatics

- Recommend approval of the Consumer Health Informatics Working Group
- Recommend Alejandro Jadad, Betty Chang, Gunther Eysenbach as the chair and co-chairs of the Consumer Health Informatics Working Group.

Chair

Alejandro (Alex) R. Jadad, MD DPhil FRCPC (McMaster University, Hamilton, Ontario Canada)

Co-chairs

Betty L. Chang, DNSc, FNP-C, FAAN (University of California, Los Angeles, Los Angeles, CA USA)
Gunther Eysenbach, MD (University Hospital, Heidelberg, Germany)

New Working Group Proposal 2 : Intelligent Data Analysis and Data Mining

- Recommend approval of the Intelligent Data Analysis and Data Mining Working Group
- Recommend Riccardo Bellazzi and Blaz Zupan as the chair and co-chair of the Intelligent Data Analysis and Data Mining Working Group.

Chair

Riccardo Bellazzi, PhD (Universita' di Pavia, Pavia, Italy)

Co-chair

Blaz Zupan, Ph.D. (University of Ljubljana, Ljubljana, Slovenia)

New Working Group Proposal 3: Mental Health

- Recommend approval of the Mental Health Working Group
- Recommend Michael Rigby and Ann Sheridan as the chair/co-chair of the Mental Health WG.

Chair

Michael Rigby (Centre for Health Planning and Management, Keele University, UK)

Co-chair

Ann Sheridan (Hospitaller Order of St. John of God, Dublin, Ireland)

Motion Based on the Working Group 4 recommendation

Recommend that based on the IMIA WG4 working conference, ***Security of the Distributed EPR***, that IMIA adopt a code of ethics, based on the seven principles framework outlined by Dr. Kluge. Further, recommend that IMIA appoint a group to begin the promulgation of an Ethical Code of Practice and a security policy framework with other international professional organizations in our domain.



August 26, 2000

New IMIA Working Group Proposal: Consumer Health Informatics Working Group

The Consumer Health Informatics Working Group is concerned with electronic information related to health care available to the public (e.g. Internet, wireless, standalone electronic media). Consumer Health Informatics is defined as “the use of modern computers and telecommunications to support consumers in obtaining information, analyzing unique health care needs and helping them make decisions about their own health” (U.S. General Accounting Office, 1996, p.1.), in which the consumer interacts with the applications directly with or without the presence of health care professionals (Eysenbach). The group's interests focus on, but are not limited to, world wide web sites that offer advice about healthy living, research findings, and recommendations on specific disease conditions, descriptions of products, medications, and self-care health programs to the public. Issues of concern may be on the evaluation of the quality of information, education of the public, ethical issues related to the electronic information, the effect on a person's health care, and relationship with health care providers. Examples of areas in which the working group may be interested include (but not limited to):

Health Care Education and Evaluation

- Methodologies for health and health care evaluation.
- Methodologies to involve the consumer in their health care decision-making.
- Methodologies to assist the consumer in evaluating the appropriateness and quality of electronic information.
- Health outcomes evaluations.
- Tailoring of health information for consumers.

Participatory Design (i.e. consumer involvement in designing consumer-oriented health information systems).

- Health Communication / Social Marketing Health information libraries - how to organize consumer health information, and what to offer.
- Health information portals.
- Structured language content tagging for consumer health information.

The role of technology is to help consumers participate in evidence-based health care and shared decision-making.

At this time, the Working Group may collaborate with other working groups or associations in related areas. Some example areas include, the examination of computerized patient care records in hospitals, clinics, or physicians' offices, the ethical aspects of public participation in the development and evaluation of health informatics tools, and the impact of the Internet in consumer education and participation in health care decisions.

Proposed Chair and Co-chairs

Chair:

Alejandro (Alex) R. Jadad, MD DPhil FRCPC

Chief, Health Information Research Unit

Director, McMaster Evidence-based Practice Center

Co-Director, Canadian Cochrane Network and Centre
Professor, Department of Clinical Epidemiology & Biostatistics
McMaster University
Hamilton, Ontario Canada

Co-chairs:

Betty L. Chang, DNSc, FNP-C, FAAN

Professor
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Gunther Eysenbach, MD

Research Unit for Cybermedicine & eHealth
Clinical Social Medicine and Health Systems Research
University Hospital Heidelberg, Germany

Reference Cited

Eysenbach, Gunther (2000). Clinical review: recent advances, consumer health informatics. *British Journal of Medicine*. 320:1713-1716 (24 June)
United States General Accounting Office, (1996). *Consumer Health Informatics: Emerging Issues*, Washington, D.C. United States Government Printing Office.



August 26, 2000

New IMIA Working Group Proposal: Intelligent Data Analysis and Data Mining

1. Name: Intelligent Data Analysis and Data Mining

2. Area or topic of focus for the Working group: In all human activities, automatic data collection pushes towards the development of tools that are able to handle and analyze data in a computer-supported fashion. In the majority of the application areas, this task cannot be accomplished without using the available knowledge on the domain or on the data analysis process. This need becomes essential in biomedical applications, since medical decision-making needs to be supported by arguments based on basic medical and pharmacological knowledge. In this working group we will devote our study to computational methods for data analysis aimed to narrow the gap between data gathering and data comprehension, as well as their applications in medicine, health care, biology and pharmacology. Methods for analyzing data by integrating the available knowledge on the domain (Intelligent Data Analysis) and for extracting knowledge from large data-bases (Data Mining) will be both investigated. Therefore, the topics of the WG will include, but will not be limited to, effective machine learning and data mining tools, clustering, data visualization, case-based reasoning, interpretation of time-ordered data (derivation and revision of temporal trends and other forms of temporal data abstraction), outcomes research, construction of prognostic models to support medical decision making, discovery of new drug compounds, predicting drug activity, analysis of large biomedical data-bases such to assist in domains such as protein structure prediction and gene function prediction. Emphasis will also be given to solving of problems which result from automated data collection in modern hospitals, such as analysis of computer-based patient records, data warehousing tools, intelligent alarming, effective and efficient monitoring, and so on.

3. Contact Information:

Chairman: Riccardo Bellazzi, Dipartimento di Informatica e Sistemistica, Università di Pavia, via Ferrata 1, 27100 Pavia, Italy, Tel:39-0382-505511, Fax: 39-0382-505373, e-mail: ric@aim.unipv.it
Co-Chairman: Blaz Zupan, Faculty of Computer and Information Science, University of Ljubljana, Trzaska 25, 1000 Ljubljana, Slovenia, Tel: 386-61-176-8402, Fax: 386-61-125-1038, e-mail: blaz.zupan@fri.uni-lj.si. Also with Office of Information Technology and Department of Family and Community Medicine, Baylor College of Medicine, 1 Baylor Plaza, BCM-MD Anderson Hall #126E, Houston, TX, USA

4. Scientific Map location

4.1 Medical Informatics Scientific content:

Applied Technology	Information Technology Infrastructure	Applications and Products	Data-Infrastructure Related
Bioinformatics	Knowledge-based systems	Neural Networks Outcome research and measurement	Data Analysis/Extraction Tools Classification

4.2 Coordinating Council: Technical/Research Coordinating council

5. Cooperation with other working groups: The working group will cooperate with the Biomedical Pattern Recognition WG and with the Biostatistics WG in order to exchange opinion, results and possibly to share members and conference participants. The group will also cooperate with the WG on Hospital Information Systems and Nursing Informatics in the light of receiving feedback about the integration of the methodology proposed in routine clinical care.

6. Potential overlaps with other working groups: Although the main focus of this working group is on data analysis, which is also the topics that is of interest to two other already established WGs of Biomedical Pattern Recognition and Biostatistics, the methods and problems addressed in the proposed WG are not covered by the others. The application of AI methods and data mining tools to data analysis, such as machine learning (classification and regression trees, inductive logic programming, association rules, instance-based learning), data abstractions (Temporal abstractions), Bayesian Networks and Fuzzy Systems, and the visualization of the data analysis results through advanced techniques developed within data mining communities are the particular and distinct activities of this WG.

7. Content focus of the Working group

7.1 Methods and Tools: The working group activity will be devoted to the computational methods for data analysis in medicine and pharmacology that are able to exploit the additional expert knowledge of the problem domain (Intelligent Data Analysis) and ii) the computational methods for data analysis able to extract information from potentially unstructured large data sets (Data Mining). Effective machine learning tools nowadays provide means to derive understandable diagnostic and prognostic rules; clustering, instance-based learning methods, like case-based reasoning, may provide crucial help to physicians in their decision making process; the interpretation of time-ordered data through the derivation and revision of temporal trends and other forms of temporal data abstraction provides a powerful instrument for situation-detection and prognosis; data visualization is more and more an essential part of the overall process of knowledge discovery in databases; data mining can extract useful relationships from large data-bases and data-warehouses which may point out to a potentially new and useful knowledge that was hidden in the data. Finally, Bayesian Networks and Fuzzy Systems represent well-known data analysis and reasoning tools able to explicitly deal with prior knowledge in uncertain domains. Special emphasis will be given to systems that aim at integrating the above mentioned methodologies to promote the construction of effective decision models to support medical decision making, discovery of new drug compounds, pharmacodynamical modeling, prediction of drug activity, protein structure prediction, analysis of gene expression data, and so on. Attention will also be given to solve problems which result from automated data collection in modern hospitals, such as analysis of computer-based patient records (CPR), data warehousing tools, outcomes analysis, intelligent alarming, effective and efficient monitoring, and so on.

In particular, we will try to stress the following scientific issues:

- what are the application classes that motivate the usage of certain methods
- what is the potential applicability (and generalizability) of proposed solutions
- what is the level of integration with other methods and tools to achieve real working systems
- what kind of knowledge is needed, used and/or extracted by the IDA and DM methods
- what is the role of prior knowledge in data analysis;
- how should the available knowledge be represented;

7.2 Goals of the working group: Intelligent data analysis (IDA) and data mining (DM) are recently emerging and very active fields of research. While IDA and DM methods have been extensively applied for industrial and business applications, their utilization in medicine and health-care is sparse. The main goal of the IMIA Workgroup is to increase the awareness and acceptance of these methods in medical community. The Workgroup will foster scientific discussion and disseminate new knowledge on AI-based methods for data analysis and data mining techniques applied to medicine. It will promote the development of the standardized platforms and solutions. The Workgroup will provide a forum for

presentation of successful IDA and DM implementations in medicine, and discussion of best practices in introduction of these techniques in medical and health-care information and decision support systems.

8. Proposed work plan

8.1 IDAMAP workshops: The WG members have in the past few years been involved in organizing IDAMAP (Intelligent Data Analysis in Medicine and Pharmacology) Workshops. There have already been four such workshops affiliated to bigger conference events, such as ECAI-96, IJCAI-97, ECAI-98 and AMIA-99. The next workshop is planned at ECAI-2000. We plan to continue with organizing IDAMAP workshops, and affiliate it with the activities of the proposed WG.

8.2 Operational issues: The working group will have an open list of members, and will encourage participation to non-members to any initiative of the working group. A group chairperson will chair the group for three years. Every three years a new chair will be elected.

8.3 WG workshops and meetings: Every year there will be a members meeting, while every two years an open workshop will be organized. The workshop results will be published as an IMIA publication.

8.4 Sessions at conferences: A session on IDA and DM in medicine will be organized in the Medical Informatics and Artificial Intelligence conferences hosting a sufficient number of papers. We plan to have sessions in the Artificial Intelligence in Medicine in Europe conference and in the MEDINFO conference.

9. WG members

Riccardo Bellazzi, University of Pavia, Italy (chair)

Blaz Zupan, University of Ljubljana, Slovenia (co-chair)

Yuval Shahar, Stanford University, USA

Ira Haimowitz, Pfizer Inc, New York, USA

Robert Beck, Baylor College of Medicine, Houston, USA

Werner Horn, Austrian Research Institute for Artificial Intelligence, Austria

Elpida Keravnou, University of Cyprus, Cyprus

Cristiana Larizza, University of Pavia, Italy

Nada Lavrac, J. Stefan Institute, Slovenia

Xiaohui Liu, Birkbeck College, University of London, U.K.

Silvia Miksch, Vienna University of Technology, Austria

10. WG Recruiting: Additional members will be enrolled in the conferences related to the WG activities, and in occasion of the WG workshops.

Chair

Riccardo Bellazzi, PhD

Dipartimento di Informatica e Sistemistica

Universita di Pavia, via Ferrata 1,

Pavia, Italy

Co-Chair

Blaz Zupan, Ph.D.

University of Ljubljana,

Ljubljana, Slovenia



August 26, 2000

New IMIA Working Group Proposal: Mental Health Working Group

Background

In 1998, arising out of international initiatives in the previous three years, and encouraged by discussions with key individuals at that specialist working group in mental health. That was considered by the IMIA Committee but did not time in WHO and IMIA, I put forward for consideration by the IMIA Assembly a detailed proposal to establish a reach the Board or Assembly, and unfortunately the organisational processes within IMIA resulted in the proposal being lost within the system for almost two years despite several enquiries and reminders. In this period one national representative member of the IMIA Board who expressed continuing support for the proposal was the Irish representative, which linked conveniently with the fact that some of Michael Rigby's practical work in mental health informatics is in Ireland.

In late 1999 Nancy Lorenzi, an incoming Vice-President of IMIA, was asked to review the specialist group structures of IMIA to ensure they continued to meet new and changing needs, and to overcome some known problems of limited or slow achievement. In that process she asked if the mental health working group proposal was still active.

In view of the passage of time, during which key personnel had moved on, springboard global activities had ceased, and resource availability had changed, it was felt that the original proposal was no longer appropriate in its earlier form, and some of the anticipated organisational support was no longer available. Instead, more robust autonomous support seemed desirable. Acknowledging the moral support emanating from HISI, I have taken soundings from the HISI Board on a revised proposal, and also sought identification of a possible Working Group Secretary from the first instance so as to share the work of initiation of the group.

This paper therefore draws on the original proposal, but has been updated in content and in suggested working methods. It has been discussed by the HISI Board, who have indicated their support that it should be submitted to the IMIA Board.

Michael Rigby

Lecturer in Health Planning and Management
Centre for Health Planning and Management
Keele University, United Kingdom

Rationale

Mental health problems represent 10% of presented morbidity, and mental health services consume 10% of the health care budget. However, mental health services have hitherto not been well represented in health informatics developments, which have concentrated primarily upon hospital services and upon primary care, and particularly upon aspects rich in numerical data and digitised images. Such approaches do not well serve the mental health domain, whose services (and thus whose record keeping) have a different profile, with particular challenges being:

- Multi professional and multi-agency services
- Multi-site working in delivering integrated care
- A significant amount of attitudinal and descriptive clinical information

- Feelings, attitudes, beliefs, and intentions as core health and treatment elements
- A focus on the planning, scheduling, and monitoring of care across professional and service boundaries
- Importance of the environmental, family, and social circumstances of the patient
- Enduring clinical conditions, requiring long-term continuity of records and of care
- An inadequately addressed challenge in compiling an integrated record from different sources
- A significant degree of third party and indirect clinical evidence
- Healthcare activity for a patient may involve others, such as family, as care subjects
- Particular issues of patient understanding and consent to data collection, and disclosure
- The opportunity for an effective EPR to act as a guarantor of service delivery, and as an advocate for the patient

Changes since the 1998 Proposal

Since the original proposal was compiled (in late 1997), a number of key factors have changed. On the negative side can be quoted:

- key personnel, particularly at WHO, have moved to other positions
- underlying springboard international activities have achieved no further action
- less support resources available within CHPM, Keele University

On the other hand, positive developments include:

- IMIA revising its working groups to have more structure and purpose, and recognising the potential role of a mental health group to contribute wider organisational learning
- further publications, not least on the need for action in mental health informatics
- increasing awareness of the importance of considering organisational, ethical, and application issues of health informatics, to balance the technical aspects
- increasing awareness of the value of intellectual collaboration, such as the collaboration within the USA between suppliers and professional and academic bodies
- increased globalisation sharpening the need for a focus for discussion and publication

Requirements for a Successful Working Group

An IMIA Working Group has to be much more than a virtual affinity group, a mailing list, or a web site. The 1999 IMIA Board Review reiterated that the purpose of working groups is to develop and promote globally the understanding and use of rapidly developing Information and Communications Technologies in the health domain, and to put such knowledge in the public domain through suitable forms of publication and discussion. The review reconstituted an interlinking of existing groups into a coherent structure, and the reiteration of previous IMIA policy that such groups must have realistic purpose and report regularly on achievements.

There are considerable dangers. IMIA has experienced a number of problems concerning working groups which were insufficiently active, followed unduly narrow or personalised lines of activity, and/or did not lead to adequate publication or dissemination. Mental health informatics generally has felt under-represented, and in particular previous international activities have shown promise but not progressed far.

Therefore, to be effective, an IMIA Mental Health Working Group would need a number of attributes:

- clear leadership, aware of mental health and informatics issues globally
- adequate organisational support
- a research and publication strategy
- a globally representative board structure
- a business plan
- underpinning sponsorship

Other International Activities

Despite the importance of mental health, and separately of health informatics, there is little other international activity in the field of mental health informatics, despite the need. Two activities only can be recorded, and with both of which this proposal is linked:

WHO Mental Health Informatics Standards Working Group:

This group met for about two years, but has fallen into abeyance following personnel changes. Michael Rigby was rapporteur.

World Psychiatric Association Informatics and Telematics in Psychiatry Working Group:

This newly established group meets in conjunction with the WPA Congress. It is a unidisciplinary group, and thus limited in range though potentially important in its professional domain. Michael Rigby is a past collaborator of the founding Chairman, Prof. P.M. Furlan of Italy, and has been co-opted onto the Board. This group should complement an IMIA Group, but without duplication.

Objective

To establish an IMIA Mental Health Informatics Working Group, with adequate structure, purpose, and support.

Mission

To promote development and understanding of concepts and techniques in health informatics to support the delivery of mental health care, taking a patient-focused integrated and inter-disciplinary approach, in a way which would also contribute to and enrich the overall health informatics field.

Activities

The Working Group would seek to achieve the following activities:

- a) A special Current Developments session at each triennial Medinfo congress.
- b) A special subject meeting in each of the intervening years, possibly by invitation.
- c) Publication of activities and key papers.
- d) Collaborative working between interested parties
- e) Facilitating co-ordination between parties to seek research grants and other funding.
- f) Contributing to IMIA corporately, not least sharing experience from this domain.

Methods

The Working Group would achieve this by means of a robust Board and Executive, clear Secretarial arrangements, and the seeking of appropriate sponsorship. A Web site could ensure awareness, and the Secretariat would be encouraged to build up an electronic mailing list of members. An electronic discussion list is not envisaged, as these are vulnerable to diversion into marginal discussions and thus loss of wider support. However, a periodic newsletter-type mailing would keep all members informed, and encourage direct inter-communication where appropriate.

The Board should seek to meet twice yearly, whenever possible linked to appropriate events, otherwise not in the same continent for consecutive meetings. The Executive could largely work by virtual electronic means. Hosts and sponsors should be sought for individual scientific meetings, with a local organising committee, and the Executive providing an appropriate scientific committee and referees.

Whilst the Working Group would concentrate primarily on its own activities, it is aware of the dangers of isolation and of special pleading. It would therefore seek to contribute to enrichment of the wider field of health informatics activities within IMIA, including offering experience and new dimensions to other domains, within the constraints of human and financial resources.

Structure

To ensure clear focus and robustness, and to avoid problems previously encountered by IMIA, the following structure is proposed:

Chair: Vacant [Michael Rigby is proposed as per the first submission; biosketch attached]

Vice Chair: Vacant [suggested should be from different continent/hemisphere to Chair]

Secretary: Vacant [Ann Sheridan, Ireland, is proposed; biosketch appended]

Board: 10 members, with a maximum three from any sub-continent
Co-options as appropriate (up to four), including nominations of (1) World Health Organisation, (2) World Psychiatric Association Informatics Group

Executive: The officials and up to three Board Members would oversee operational matters.

These positions would be filled by invitation in conjunction (for officers) with IMIA, but thereafter would be appointed for three years at each Medinfo-based meeting, but with opportunity for advance nominations from those not able to attend Medinfo.

Membership

The original proposal indicated working contacts at that time in the following countries:

Argentina	Canada	Italy	Sweden
Australia	Chile	Netherlands	Switzerland
Belgium	Finland	New Zealand	United Kingdom
Brazil	Ireland	Spain	United States of America

It is hoped that these links could be re-activated and built upon, and other countries including Hong Kong and Denmark might be added. Already, some informal interest has been expressed.

Possible Topics

The theme for Medinfo sessions would be open within mental health informatics. However, the intervening meetings or workshops should have specific developmental themes. Determination of these would in due course be the responsibility of the Working Group Board, but potential topics could include:

- Recording and conveying meaning and intention within records
- Empirical and analogue display of assessed progress of mental health patients
- Ethical, consent, and data protection issues of mental health records across boundaries
- Definition of episodes, progress, case-mix, and costing.
- Care plans, resource availability, and service delivery
- Client self-entry data recording
- Care plan structures and meta-terminologies
- Taxonomies of interventions, supportive actions, etc.
- Telepsychiatry

Resourcing

Such an action plan would seem the minimum to do justice to the topic, and to achieve the IMIA objective of active and purposeful working groups. However, this can only be achieved with adequate resourcing.

The following are suggested as possible resource approaches:

- Secretariat resources to support correspondence, web site, etc. (within HISI or sponsored).
- Seeking sponsorship for the Board to meet bi-annually.
- Individual working meetings to be locally hosted, with appropriate local sponsorship sought.

Summary

The IMIA Board is invited to consider this proposal, and confirm the establishment of a mental Health Working Group.

Michael Rigby

Michael Rigby is Lecturer in Health Planning and Management at Keele University, U.K. He has long experience of principles of application of health informatics and electronic record keeping in mental health. He has been adviser to a number of national initiatives in the U.K., including the Resource

Management (Mental Health) and Community Information Systems for Providers (CISP) in Plymouth. He is currently working with the Hospitaller Order of St. John of God in Ireland on their project to develop an integrated Mental Health Information System.

He was a Member of the Royal College of Psychiatrists Mental Health Information Systems Working Group, and Rapporteur of the World Health Organisation's Mental Health Informatics Standards Working Group. He was a member of the International Consultation on TeleHealth of WHO in Geneva in January 2000.

His relevant publications include:

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Ann Sheridan

Ann Sheridan now Project Manager for the Mental Health Information System project of the Hospitaller Order of St. John of God in Stillorgan, County Dublin, Ireland. She is by profession a nurse with general, mental health and educational qualifications, holding a degree in nursing and an MA in Education.

Her recent career has been in nurse education, and she is a member of the Minister's Forum on the Future of Nurse Education in Ireland. Her previous post was as Principal Tutor and Head of the Teaching Unit at St. John of God Hospital, County Dublin, Ireland. In that capacity she was drawn into the professional, ethical, and patient-orientated aspects of the Mental Health Information System being introduced across the parent organisation's services, and in April 2000 she was seconded full-time as Project Manager.

She was appointed Honorary Secretary of the Health Informatics Society of Ireland from late 1999.

She has written a number of recent papers on aspects of mental health informatics.

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August 26, 2000

Ethical Code of Practice
Discussion Paper

Nancy Lorenzi

Based on the IMIA WG4 working conference, Security of the Distributed EPR and the recommendation of Working Group 4, I recommend discussion of the “adoption and promulgation of an Ethical Code of Practice and the “promotion of a security policy framework, together with other international professional organizations in our domain.” (see the attached Eike Kluge paper—Section 2.4.)

Taken from Eike-Henner Kluge’s attached Paper to Facilitate the IMIA Board and General Assembly Discussion

“6. Principles

Codes of informatic ethics, therefore, and guidelines for the ethical treatment of health care information, should focus solely on ethical principles as these apply to health care information. There is a certain set of such principles that have received universal acceptance during the last century. They include the principle of autonomy and respect for persons, the principle of equality and justice, the principles of beneficence and non-maleficence, the principle of fidelity and the principle of impossibility. Applied to the context of health care delivery and medical information, it leads to the following as fundamental principles for the ethical treatment of medical records[10, 13]:

Principle of Information-Privacy and Disposition

All persons have a fundamental right to privacy, and hence to control over the collection, use and disposition of the data about themselves.

Principle of Openness

The collection, use and disposition of personal data must be disclosed in an appropriate and timely fashion to the subject of those data..

Principle of Access

The subject (or subjects) of an electronic record has the right of access to the record and the right to correct that record with respect to its accurateness, completeness and relevance.

Principle of Legitimate Infringement

The fundamental right of control over the collection, use and disposition of personal data is conditioned only by the legitimate, appropriate and relevant information needs of a free, responsible and democratic society, and by the equal and competing rights of other persons.

Principle of the Least Intrusive Alternative

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data that is otherwise mandated, may only occur in the least intrusive fashion and with a minimum of interference with the rights of the affected person.

Principle of Accountability

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data, must be justified to the affected person in good time and in an appropriate fashion.

Principle of Security

Data that have been legitimately collected about a person should be protected by all reasonable and appropriate measures against loss, degradation, unauthorized destruction, use, modification or disclosure.

These principles do not depend on national, ethnic or other values. Instead, they focus on the subject of a medical record solely insofar as the individual is a person, and derive from the uniquely close relationship that obtains between a health record and the subject of that record. As such, they are an appropriate basis for an informatic code of ethics. They can be further fleshed out in terms of subject-centred duties (subject of the record); profession-centred duties (towards the profession); institution-employer oriented duties; duties towards the society in which the relevant records are generated and health care is delivered; and finally, duties towards health informatics professionals and the profession [10, 11,13].”



August 26, 2000

Ethical Code of Practice
Background Paper

Professional Codes for Electronic HC Record Protection

Ethical, Legal, Economic and Structural Issues

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Abstract

Guidelines for the protection of electronic health care data frequently stipulate that national laws should be followed. This stipulation is subjected to analysis and critique. It is argued that it commits the fallacy of nationality, and suggests that appropriately constructed ethical guidelines for the protection of electronic health care data must focus solely on fundamental ethical principles as these are applied to the types of situations in which such electronic data are generated, used and ultimately disposed of. The relevance of economic considerations is also be addressed. An attempt is made to sketch a general ethical framework within which data protection guidelines could be situated.

Keywords: Codes; electronic health care records; economics; ethics; guidelines; law; IMIA.

1. Introduction

Over the past few years, various professional associations and consortia in the informatics field have developed guidelines or codes that deal with the ethical handling of electronic patient or health care records. Perhaps the most noteworthy of these are the SEISMED guidelines of 1996 [1]. Other examples include the Code of the Association for Computing Machinery [2], the Canadian Information Processing Society [3] etc.

Most of these guidelines and codes stipulate that if the persons who are governed by them wish to act in an ethically appropriate fashion, their conduct should be in accordance with the laws of their respective jurisdiction. Thus, the *Code of Ethics and Standards of Conduct* of the Canadian Information Processing Society states that members of that society have an obligation "to obey the laws of the country, and will not counsel, aid, or assist persons to act in any way that is contrary to these laws" [3]. Likewise, the guidelines promulgated by the SEISMED Consortium for health information professionals in the European sphere stipulate that medical data shall only be collected, distributed, handled or otherwise disposed of "lawfully"[1; III.(f); IV.(a),(c); V.(b), (e); VII.(b), (c); et pass.] . Similarly, the Code of Ethics of the ACM states that "Know and respect existing laws pertaining to professional work" [2].

At first glance, the inclusion of such clauses seems unexceptionable and even necessary: Indeed, it could well be asked how any action that was contrary to the laws of a given jurisdiction could ever be considered ethical. However, appearances notwithstanding, the inclusion of such clauses is illogical, dangerous and profoundly unworkable, and the question about possible conflict between ethics and law

must be answered in the affirmative. By contrast, economic considerations can impose a legitimate limit on the ethical obligations of health information professionals. The discussion that follows will indicate how this is the case.

2. Illogical

The belief that codes regulating the conduct of professionals should include some reference to the laws of the relevant jurisdiction has several roots. One is simply a fundamental confusion between ethics and law. A second possible root is the fact that jurisdictions differ in what they consider appropriate - whence it is inferred that this difference can only be acknowledged by making reference to these distinct legal dispositions. Finally, such a position may be based on the fact that each nation constitutes a unique social context, from which in turn it is deduced that there are no over-arching ethical constraints that bind information professionals in distinct jurisdictions. Each nation's ethical considerations must necessarily be unique and must be tailored to its laws, since the latter reflect social traditions.

Of course there is a core of truth to these suppositions. Ideally, laws and regulations are based on ethical principles. However, this is more a matter of theory than reality. The simple fact is that no matter what form the government a particular jurisdiction may take, the laws which the latter enacts are the result of a political process that involves a myriad of considerations, only some of which are ethical in nature. Typically, they include cultural determinants, the personal agendas of law makers, the plans of major political and economic stakeholders, social and religious considerations, and the like. The considerations frequently conflict and cannot be satisfied together - yet the exigencies of social reality require that some sort of regulatory action be taken. That is why the political process intrudes into the formulation of laws. Laws, therefore, are creatures of compromise. They may have an ethical core; however, even that is by no means a foregone conclusion. That is presumably why the ACM conditions its injunction with the clause, "*unless there is a compelling ethical basis not to do so....*" [2 at 2.2].

Further, if being legal was *eo ipso* being ethical, one could never condemn the duly enacted laws of a particular jurisdiction. However, as both past and recent events on a global scale have illustrated only too clearly, some laws may indeed be unethical [4, 5]. The fact is familiar even from the field of health care informatics itself. The amendments that some countries have had to make to their information legislation prior to or concomitant with entry into the European Union, or the objections that some jurisdictions have raised against the information laws of other countries, provide sufficient illustration.

3. Fallacy of nationality

The second point - the fact that jurisdictions may differ in what they consider appropriate, from which it is then inferred that this difference can only be acknowledged by reference to these distinct legal dispositions - raises a similar consideration: this time, however, from the perspective of culture and ethnicity. Instead of *identifying* ethics and law, it finds a *genetic and formative relationship* between the two. It argues that ethical standards are creatures of societal perspective. It then contends that the laws of a particular jurisdiction are reflections of that society's peculiar and unique perspective. Consequently, so it continues, it is inevitable that there should be a comfortable fit between the laws of a given jurisdiction and its ethics. After all, on this perspective, ethics is nothing more nor less than the system of deontic values that structure the social perspective itself. On this basis, it is then easy to conclude that it is appropriate for a code of ethics to contain the injunction to respect the relevant laws. After all, given their origin, the latter will necessarily be in concert with the ethics of the relevant jurisdiction.

However, this reasoning commits what may be called the *fallacy of nationality*. In the first place, the fact that different jurisdictions have different social perspectives, customs and standards does not ethically validate the standards themselves. Just as laws may be unethical, so too may the standards of a particular community. Again, for illustrative purposes we need merely look at present-day global events. These clearly illustrate that the presumption that communal acceptance automatically validates societal values is not necessarily correct. For example, some societies - the Balkan states provide recent graphic examples and others are contributed by Indonesia, Pakistan, South Africa, Uganda etc. -

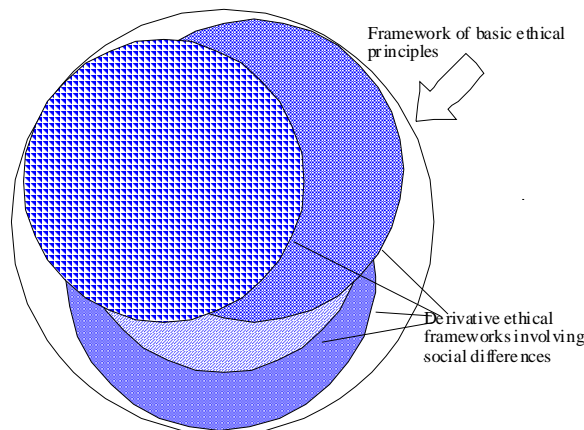
incorporate(d) into their value systems discriminatory standards that are generally agreed to be ethically indefensible. In fact, international conventions on human rights and the World Court in the Hague are predicated on this realization. If it were otherwise, there would have been no need for these institutions. Cultural backgrounds and historical events in the development of a social, cultural or national grouping may provide an *explanation* why the society or nation holds certain values. However, explanation does not amount to justification. If it did, every criminal would be justified.

As to the claim that each nation presents unique social conditions that demand distinct ethical treatment, this is only partially correct. To be sure, no two societies are ever the same. However, what this means is that the fundamental ethical principles that find their basis in the nature of personhood and of personal interactions must be applied differently in different contexts. It does not mean that the principles must be distinct.

That is to say, the core concept in ethics is the notion of a person [6, 7, 8, 9], where this notion is to be understood not in a legal sense - i.e., not as an entity that is granted legal standing and recognition, for that is variable and a matter of legislation - but in the sense of a natural being with will and understanding who can enter into social interactions with other such individuals. Social differences do not affect what it is to be a person in this ethical sense: they affect only the individual's social *embedding*. Consequently, if one abstracts from the particulars of social embedding, all persons *qua* persons are the same. From this it follows that the same ethical principles apply to them all.

These principles, in turn, determine a general framework within which specific rights and duties arise. *How* they arise, or what their specific content may be, depends on the nature of the social embedding and the particular situation. That is why a difference in social embedding may indeed give rise to different rights and duties, but it does not go to the principles themselves. Consequently, the admission that each nation presents a unique set of social conditions does indeed license the inference that different *specific* ethical injunctions may be appropriate for different national settings. However, these differences must

fall within the general domain of what is ethically acceptable - determined by the same set of ethical principles. This can be represented diagrammatically as follows:



Relationship between basic and derivative ethical frameworks

Fig. 1.

4. Danger

The belief that reference to national statutes should be included in codes and guidelines is not merely illogical, it is also dangerous. It is dangerous *first*, because it encourages the presumption that it is ethically acceptable to evade specific and onerous ethical injunctions simply by going to another jurisdiction where such injunctions are not operative because there are no similar laws. In other words, it fosters the impression that ethical venue-shopping is beyond reproach. Locating medical research or

corporate activities in countries that do not impose ethically based and onerous restrictions are only two of a series of possible examples. However, such an approach is no more defensible in informatics than it is in medical experimentation.

A *second* danger with this approach is that it legitimates unethical information laws. That is to say, codes of ethics do not purport to detail what sort of *unethical* conduct people should engage in; instead, they delineate the sorts of actions that are ethically legitimate or appropriate in a positive sense. Therefore it follows from the very nature of a code of ethics that its various injunctions and clauses cannot mandate unethical conduct. If it were otherwise, such code would not be code of *ethics*. Consequently, if a code of ethics requires adherence to a particular law or set of informatic laws, this entails an *a priori* affirmation that these laws are ethical. In other words, a code that enjoins adherence to informatic laws ethically validates any existing laws and further underwrites *ex ante* any informatic laws which that jurisdiction might pass. As was just indicated, there is no guarantee that such laws will always be ethical. Consequently, the inclusion of a clause mandating blanket adherence to informatic laws is dangerous.

Finally, requiring adherence to laws makes it impossible to develop and implement international guidelines. The reason is simplicity itself. The laws of different jurisdiction may - and indeed sometimes do - conflict. Consequently, if an international code of ethics mandated adherence to informatic laws, then this injunction would validate diametrically opposed actions - which is to say, on this basis the identical action would, at one and the same time, be both ethical and unethical. This would be an intolerable situation. The only way to avoid such a denouement is for such a code to refrain from mentioning adherence to laws and to focus instead on fundamental ethical principles. By that token, as well, such a code would signal that what is essential to the ethical treatment of electronic health care records is not legal considerations but the *ethical* embedding of the records.

5. Impractical

Finally, the provision that informatic codes and guidelines mandate adherence to laws is impractical. The reason for this lies in the role that such codes are supposed to play. Specifically, they are supposed to provide guidance when situations in real life present the professional with an ethical dilemma. However, it may happen that several of the injunctions that are contained in such a code may entail different duties for one and the same situation. For instance, a code of ethics may legitimately contain an injunction to respect the privacy of patient records while at the same time requiring that patient data be made available for ethically appropriate planning purposes, or that privacy be breached when failure to do so is likely to lead to irreversible and serious harm to third parties. These three injunctions, while each legitimate in themselves, are in conflict with each other.

A code of ethics which states that there lies an ethical duty to observe the laws of the relevant jurisdiction therefore sets the stage for potentially irresolvable conflicts. For instance, the ethical injunctions of a *code* may state that a patient's medical data should be communicated only with the consent of the patient (or the consent of a duly empowered proxy decision-maker) and only for such purposes as providing medical care for the patient, for the management of medical services in the interests of the patient, or for the provision of social and/or insurance benefits [1]. However, the duly enacted *laws* of a particular jurisdiction may state that medical records are open to inspection by governmental agencies for their own purposes. If a code states that the duly enacted laws of a given jurisdiction must be followed - as for example the SEISMED Code states at V.(b)(i) when it says that "medical data may be communicated (i) if the communication is provided for, or required, under domestic law"[1] - this sets up an irresolvable conflict between the law and the ethics when the governmental purposes have nothing to do with the health of the patient and everything with the pursuit of purely political objectives. Examples of jurisdictions where this may happen easily come to mind.

Of course, a properly constructed code of ethics will incorporate some sort of ranking mechanism in order to deal with internal conflict situations. However, if the ranking mechanism is ethical in orientation, then reference to the laws is unnecessary and inappropriate. What is enjoined by appropriate laws will already be entailed by the ethical clauses of the code itself. On the other hand, if the mechanism requires that the legal mandate take priority over the ethical injunctions, then the code is no longer a

code of ethics. It devolves into a code of legally mandated behaviour and prudence. Therefore in the best-case scenario, reference to laws is pointless; in the worst case scenario, reference to laws generates ethical dilemmas.

6. Principles

Codes of informatic ethics, therefore, and guidelines for the ethical treatment of health care information, should focus solely on ethical principles as these apply to health care information. There is a certain set of such principles that have received universal acceptance during the last century. They include the principle of autonomy and respect for persons, the principle of equality and justice, the principles of beneficence and non-maleficence, the principle of fidelity and the principle of impossibility. Applied to the context of health care delivery and medical information, it leads to the following as fundamental principles for the ethical treatment of medical records[10, 13]:

Principle of Information-Privacy and Disposition

All persons have a fundamental right to privacy, and hence to control over the collection, use and disposition of the data about themselves.

Principle of Openness

The collection, use and disposition of personal data must be disclosed in an appropriate and timely fashion to the subject of those data..

Principle of Access

The subject (or subjects) of an electronic record has the right of access to the record and the right to correct that record with respect to its accurateness, completeness and relevance.

Principle of Legitimate Infringement

The fundamental right of control over the collection, use and disposition of personal data is conditioned only by the legitimate, appropriate and relevant information needs of a free, responsible and democratic society, and by the equal and competing rights of other persons.

Principle of the Least Intrusive Alternative

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data that is otherwise mandated, may only occur in the least intrusive fashion and with a minimum of interference with the rights of the affected person.

Principle of Accountability

Any infringement of the privacy rights of the individual person, and of the right to control of person-relative data, must be justified to the affected person in good time and in an appropriate fashion.

Principle of Security

Data that have been legitimately collected about a person should be protected by all reasonable and appropriate measures against loss, degradation, unauthorized destruction, use, modification or disclosure.

These principles do not depend on national, ethnic or other values. Instead, they focus on the subject of a medical record solely insofar as the individual is a person, and derive from the uniquely close relationship that obtains between a health record and the subject of that record. As such, they are an appropriate basis for an informatic code of ethics. They can be further fleshed out in terms of subject-centred duties (subject of the record); profession-centred duties (towards the profession); institution-

employer oriented duties; duties towards the society in which the relevant records are generated and health care is delivered; and finally, duties towards health informatics professionals and the profession [10, 11,13].

7. Conflict resolution mechanisms

As to the conflict resolution mechanisms that were previously mentioned as a necessary component of any code of ethics, in order to be useful it has to be logical in nature and ethical in its implications. Ironically enough, the law and ethics here coincide in providing one suggestion. There is an old legal maxim, shared both by the common law and the statute law tradition: "*Nemo debet ultra possit!*" No one can have a duty to do what it is impossible to do under the circumstances that obtain. This was previously referred to as *the principle of impossibility*. We shall encounter it again in a moment, when dealing with economically-based limitations on informatic duties and rights.

The implications of this concept for the present context lies in the fact that it characterizes ethical rights and duties as subject to certain logical considerations. Specifically, if, in order to carry out a particular duty or to claim an otherwise legitimate right, it is necessary to perform some other action, then the right to carry out this other action is a condition of the tenability of the initial duty or of the claim to exercise the relevant right. For instance, making an informed and competent decision about what should happen to one's health care record is impossible unless one knows what is in that record. Consequently the right to decide what should happen to one's health care record logically entails - and indeed presupposes - the right of access to that record. The principle of impossibility therefore entails that ethical rights and duties have a logical presupposition structure, where this structure provides a ranking mechanism for rights and duties that conflict. The action that is presupposed by the exercise of an otherwise legitimate right or duty always takes priority.

Another candidate for a ranking device derives from the concept of a right itself. That is to say, by definition, a right is a claim that one has towards other persons. These other individuals - and sometimes they may be collective individuals such as groups, societies, corporations, etc - have a corresponding duty, which they must fulfil if the relevant claim is advanced by the right-holder. The important point here is the phrase "if the relevant claim is advanced by the right-holder." Buried in here is the concept of autonomy. Autonomy entails that the right-holder has sovereign jurisdiction over whether s/he actually wishes to exercise the right or, instead, allow some other claim to precede. It follows that rights may be re-ordered arbitrarily by their respective right-holders, since these may autonomously forego the exercise of one right in favour of another. Consequently the *principle of autonomy* provides another ranking mechanism.

To see how the ranking mechanism that was just sketched works, let us return to the previous example of a possible conflict centering in the question whether privacy may be breached for legitimate health care planning purposes. Using the devices just sketched, the conflict can be resolved in either of two ways. *Once*, using the principle of impossibility, by asking which action is logically necessary - and hence prior - in the context of health care delivery. Since access to health data is necessary for planning and delivery purposes, it follows that if an individual claims a right to health care, that individual's privacy rights may be breached for *bona fide* planning and delivery purposes relative to that person and the institutional setting in which s/he is embedded. Moreover, since the existence of a society is a necessary condition for the development and delivery of modern health care - medical research and training are here implicated - privacy may be breached in order to permit the development of such health care in the first instance. Finally, since the development, planning and delivery of such care also involves other individuals - i.e., since it involves a community of individuals who interact in a coordinated fashion, and since the health of the community is a necessary factor in this equation - it follows that privacy rights may be breached when the health of the community is demonstrably at stake. The *second* way of resolving the conflict, using the principle of autonomy, is simply by asking whether the person who holds the *prima facie* privacy right is willing to voluntarily rank that right lower than otherwise it would be.

8. Economic considerations

The preceding discussion has focused on the place that legal considerations have in a code of ethics. It has suggested that the injunction to obey the laws of a particular jurisdiction is fundamentally flawed. It may therefore come as something of a surprise that, by contrast, economic considerations have relevance with respect to codes of ethics, and that therefore economic considerations may influence when - and to what degree - a particular injunction in a code of informatic ethics should be obeyed.

In and by itself, the claim that economic considerations have relevance is not new or startling. For instance, one Code of Ethics states that health care records should be depersonalized or anonymized as much as possible, where depersonalization or anonymization are defined as "changing or deleting personal data in such a way that they cannot be related to an individual person *or only by means of significant cost, time or effort*" [1 at 26]. Here, clearly, the criterion of whether a health information professional has fulfilled her/his duty is tied directly to the economic costs that her or his actions present to the actions of a third party.

Prima facie, such considerations make eminent sense. There is such a thing as overkill - and certainly one cannot require information professionals to put their employers to unnecessary expense that may well impact on the viability of the employer as a corporate agent. After all, as I have argued elsewhere [10], while the information professional owes a definite duty towards the subject of the electronic record, the professional also owes a duty to her or his employer [13]. Consequently, it would seem that economic considerations may lead to relativism in the application of ethics codes.

However, this last inference does not follow quite in the way it is presented, and the preceding is not a particularly good example of what is meant by the applicability of economic considerations. That is to say, it is a cardinal rule of ethics that the ethical standing of an agent's actions depends on what the agent has done, not on the actions of some third party. Otherwise, the agent's moral standing would be subject to circumstances that lie entirely beyond the agent's control. Applied to informatic codes of ethics, this means that the question whether the injunctions of a code of ethics have been followed should be measured by the actions of the informatics professionals themselves, not by the abilities or actions of other agencies or persons [10-12].

However, in the injunction that was just quoted from the Code, this rule is violated. For if the injunction was taken at face value, then the information professional would be acting ethically if no-one found it economically interesting to reverse the de-personalization or anonymization protocols that the professional had put in place; on the other hand, the professional would be acting unethically if, with the very same protocols in place, another agency did find it useful to pursue the matter - even at exorbitant cost. In other words, the ethical status of the professional would lie entirely in the hands of a third party. Nor is this entirely fanciful. There are examples of governments or affluent corporations who were not necessarily bound by cost/benefit considerations. In their case, *nothing* the professional who is charged with protecting privacy could do would be ethical, since the economic feasibility of cracking privacy measures would simply not play a role.

In other words, what is or what is not economically feasible for other parties cannot be an ethically deciding consideration. Instead, an ethically more appropriate way to consider the matter would be to look at the actions of the professional from the perspective of what it is possible for the professional to do *within the economic constraints in which the professional is forced to operate*.

That is to say, codes of ethics are not mere idealized statements of what should or should not be done. The injunctions they mandate are intended to be fulfilled in the real world, not in some idealized abstraction. The real world, however, is characterized by resource limitation. Consequently, a code of ethics cannot legitimately require that measures be undertaken which exceed the abilities of the individual or go beyond the resources that are at her or his disposal. Clearly, once these limits have been reached, further action in compliance with the injunction is impossible. The old legal maxim: "Equity does not require the impossible," already referred to above, is merely a legal reflection of this ethical fact. Consequently, all that can be required is that those who have an obligation try to meet that obligation to the best of their ability.

Applied to the case at hand, this means that the measure of whether the information professional has fulfilled her or his duty is not whether it would be economically unattractive for some other agency to circumvent the measures that have been developed by the professional. The real measure is whether the professional has done the best he or she can with the means at her/his disposal.

However, even this has to be understood correctly. That is to say, the last comment might suggest that a professional can avoid the burden of meeting certain standards - in this case, appropriate standards for guaranteeing de-personalization, anonymity, etc. - simply by citing limited resources; and correspondingly, that a facility or institution could avoid the burden of establishing certain kinds of measures by deliberately limiting the resources that it makes available in this regard - in a word, by under-budgeting.

However, such a suggestion would miss the core of what has just been said. The inability that was referred to a moment ago - in ethical language, the inability that is exculpatory - is not an inability that lies within the control of the agent, either directly or indirectly; nor does it refer to an inability that was brought about by her or his actions. Instead, it refers to an inability that lies entirely outside of the control of the agent, who then fails to meet the otherwise mandated standards *despite exercising due diligence and care*. It is only when the individual has exercised due diligence, or when the institution has expended its resources as best it can to achieve the desired state of affairs but nevertheless falls short, that the duty to proceed further in the relevant respect ceases.

To this one should add that an integral part of due diligence is being aware of the nature and limits of one's abilities, as well as of the limits of what is otherwise possible in principle. Consequently, the ethical professional who falls short of being able to provide state-of-the-art services has a duty to bring this to the attention of those who are affected by this less-than-perfect action. Otherwise, by failing to alert the relevant parties of this shortcoming, the professional would be guilty of misrepresenting the actual state of affairs. Applied to the case of health records, this means that when the situation so warrants, the ethical professional has a duty to bring to the attention of the subjects of the records that are produced, stored, manipulated, accessed or otherwise dealt with, that the measures which are in place are not as good as they might otherwise be.

Returning, then, to the previous example of depersonalization or anonymization, this means that the injunction and the accompanying definition that were quoted above have placed the emphasis in the wrong place. The professional does not have a duty to make it very costly or time-consuming for others to undermine her or his efforts. That may be an *ancillary* effect of the professional's actions, and in any case would be dependent on the resources of the third party, not on the actions of the professional. Instead, the professional has a duty to do the best he or she can under the circumstances and within the resources limits at her or his disposal (where these limits are not a result of the professional's actions) *and to point out to the subjects of the records the limits within which the professional has to operate*. Likewise, the professional has a duty to apprise the relevant institution of the limitations imposed on the professional's actions by the institution's economic constraints.

Consequently, economic - or perhaps more correctly, resource considerations - are indeed relevant vis-a-vis codes of ethics. They govern the degree to which one can expect adherence to some of the injunctions that are contained in such a code, and to what extent one can expect the principles that underlie such a code to be followed. Hence a *de facto* relativism creeps into the adherence to ethical codes. However, by the same token, it should be clear that an appropriately constructed code of ethics for information professionals should stipulate that while adherence to its clauses may be context dependent, control of the context must lie outside of the control of the informatics professional her/himself. Further, such a code should contain the absolute injunction that if economic or other constraints limit the ability of the professional to act in a less-than-ideal fashion, the professional has a duty to inform the affected parties of this fact.

9. Some considerations

The function of codes of ethics is to provide guidelines for what is and what is not acceptable professional conduct. However, professional conduct does not occur in isolation. It is embedded in a social context. This context is subject to legal and economic constraints. Inevitably, therefore, adherence to the injunctions of codes of ethics is also subject to these constraints.

At the same time, legal and economic constraints are fundamentally distinct. Legal constraints do not present impossibilities. They leave unimpaired the realm of what is strictly possible for the professional. What they do is present the professional with certain juridical consequences if he or she chooses to

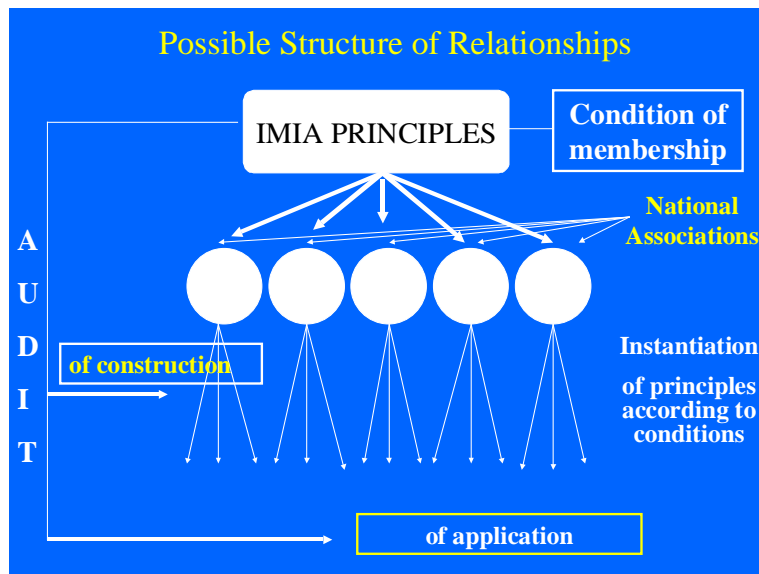
engage in certain types of behaviour. The choice of whether to proceed in this fashion ineluctably remains with the professional. Economic constraints, on the other hand, limit what it is possible for the informatics professional to do in a different fashion. They present not voluntary limits but limits that are beyond the control of the professional. The only option open to the professional is either to refuse to act at all - or to inform the affected parties of deficiencies in her or his actions.

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for a code of

limitations that are imposed by such economic constraints are relevant when it comes to evaluating adherence to the code itself. However, a code of ethics that confines itself to such an observation is seriously incomplete. To be quite accurate, it must also stipulate, as a governing condition, that the impossibility which is imposed by economic constraints must not be due to, or lie in the power of the health information professional her/himself; and further, if such economic constraints undermine the ability of the professional to fulfil her or his duty, this must be disclosed to the affected parties.



what is legal is also what However, from a moral there can be no compromise and law; otherwise, a code of becomes a code of Consequently, it is and self-defeating - for codes command adherence to a condition of ethical

hand, it is impossible for transcend the limits imposed considerations beyond their Consequently, in contrast to injunctions, it is appropriate ethics to indicate that the

10. Conclusion

Codes of ethics are intended to guide the behaviour of professionals in every-day life. As the scale of social interaction increases and institutions exchange information on an international basis, the action domain of health information professionals assumes global dimensions. In light of the preceding considerations, it may well be asked how it would be possible to construct a code of ethics for health information professionals that would avoid the pitfalls just mentioned.

Here, as in most other cases, there is no single and uniquely appropriate answer. However, a possible solution would be to begin with organizations that represent the very individuals whose conduct is to be guided; and moreover, with those professional organizations that already have an international presence and mandate. If such an international organization - IMIA would here be the leading candidate - decided to construct a generalized code of ethics that focused on fundamental principles; if it then required its member organizations to subscribe to these principles as a condition of membership while at the same time also requiring these member organizations to develop specific codes that applied these principles to their unique situations, then the result would be a set of guidelines for ethical conduct that might vary in their specific expressions but that would agree in ethical content. Figure 2 indicates schematically how the relationship could be represented:

Fig. 2. A schematic representation of the relationships around a code of ethics for health information professionals and IMIA's role.

Under these circumstances, the codes would provide consistent and usable advice in the evolving world of the health information professional.

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HANNOVER GENERAL ASSEMBLY

Agenda Item 13.3.c

August 26, 2000

Motion Based on WG 4 Recommendations

Nancy Lorenzi

Recommend that based on the IMIA WG4 working conference, ***Security of the Distributed EPR that*** IMIA adopt a code of ethics, based on the seven principles framework outlined by Dr. Kluge. Further, recommend that IMIA appoint a group to begin the promulgation of an Ethical Code of Practice and a security policy framework with other international professional organizations in our domain.



HANNOVER GENERAL ASSEMBLY

Agenda Item 15

August 26, 2000

Report of the Nominating Committee

Otto Rienhoff (Chair)

The Nomination Committee has reflected the further development of IMIA and some actual aspects regarding the location of the medinfo 2004. After discussion with the President and the Incoming President the Committee recommends to the GA in Hannover, Germany as follows:

1. The Nomination Committee recommended Prof.C.Safran for the role of the VP Medinfo last year. However, in the meantime it became clear that Medinfo 2004 will very likely take place in the US. In this case it could be difficult for Safran as US colleague to avoid situations with conflicting interests. Therefore the NC recommends to the GA to elect Safran as VP Special Affairs in 2000 to clear the situation on one hand and at the same time keep Safran`s know-how in the Board. Safran would agree to this change.
2. The NC recommends to elect Prof. P.Degoulet to VP Medinfo from 2001 onwards. Besides his experience in preparing Medinfos Degoulet would introduce again a French element into the Board which was not present there for many years. Degoulet is willing to serve.
3. The NC recommends B.Sadan, Nat.Rep. of Israel, to serve as treasurer following U.Gerdin from 2001 onwards. Sadan is willing to serve.

Goettingen, 19.8.2000

Appendix



IMIA GENERAL ASSEMBLY

Part 1

Nathan Hale Room, Marriot Hotel, Washington, DC

Thursday, November 11, 1999

2.00 pm – 5.00 pm

PRESENT:

BOARD

President	Jan Van Bommel (JVB)	Past President	Otto Rienhoff (OR)
Secretary	Ian Symonds (IHS)	Treasurer	Ulla Gerdin (UG)
VP MedInfo	K.C. Lun (KC)	VP WG/SIG	Nancy Lorenzi (NL) VP
Members	Jean Roberts	VP Services	Alexa McCray (AM)
APAMI	Branko Cesnik (BC)	EFMI	J.-R. Scherrer (JRS)
HELENA	Lyn Hanmer		

Nominating Committee	Marion Ball (MB)
Executive Director	Steven Huesing (SH)
Electronic Services	Thomas Kleinoeder (TK)
VP Services - elect	Reinhold Haux (RH)

Regrets:

VP Special Activities	Brian Shorter (BS),
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NATIONAL MEMBERS

21 country delegates either in person or by proxy. The secretary holds the signed list of delegates as part of this record.

AFFILIATE MEMBERS (Accepted at this Meeting)

IFHRO	Vicki Tichbourne President
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INSTITUTIONAL MEMBERS (Accepted at this Meeting)

AHIMA

Linda Kloss, Executive Director

First Consulting Group

Peter Ramsaroop

IBM

Doug O'Boyle

McGraw-Hill (Healthcare Informatics)

Lisa Stammer

Ormed Information Systems

Chris Sherback, President & CEO

Elaine Huesing, Marketing Manager
Wolters Kluwer International Healthcare Publishing
Herman Pabbruwe CEO
Michael Riley, President

GUESTS:

Gunther Eysenbach, Board of SIM Patricia F. Brennan (President Elect AMIA)
Rosa Scholte (Secretary JVB) Judy Pound (Secretary IHS)
Joan Edgecumbe HISA Rolf Englebrecht MIE 2000
Leo Vollebregdt, HISCOM

REGRETS:

Brian Shorter Canada, Jana Zvarova Czech Republic, Nola Oliveri Argentina, Glyn Hayes United Kingdom, Sedak Isaacs African Region.

1. Opening

1.1. Welcome

JVB opened the meeting welcoming all. Patricia Brennan outlined aims and objectives for AMIA during the next two years.

1.2. Approval of the Agenda - Approved

1.3. Approval of Minutes of GA meeting, August 16, 1998, Seoul, Korea

Moved RH Seconded UG Approved

2. Approval and Introduction of New Members

2.1. National members

The following members gave presentations on behalf of the societies in their countries:

Philippines – Alvin B. Marcello of the Philippine Medical Informatics Association

Proposed that the Philippines be accepted as an observer

Moved Branko Cesnik Seconded KC Lun Approved

Uruguay – Alvaro Margolis of Sociedad Uruguaya de Information en la Salud
The proposal was that Uruguay be a voting member

Moved Beatriz Faria Leao, Brazil Seconded Otto Rienhoff Approved

2.2. Institutional members

The following institutional members gave presentations on behalf of their companies:

Wolters Kluwer International Healthcare Publishing – Herman Pabbruwe CEO

First Consulting Group - Peter Ramsaroop

McGraw-Hill (Healthcare Informatics) – Lisa Stammer

IBM – Doug O'Boyle

Ormed Information Systems – Chris Sherback, President & CEO

Hiscom - Leo Vollebregt

Sequoia Software – not able to be here

Schattauer Verlag – not able to be here

The proposal was that the above organisations be accepted as institutional members

Moved Branko Cesnik Seconded KC Lun

Approved unanimously with presentation of plaques to each representative present.

3. President's Report

The President presented his report and re-enforced the five points he made on his election in Seoul. He expanded on the building of bridges both within professional groups and between developed and under-developed countries.

- Strengthen IMIA as a professional organisation.
- Build bridges to other organisation.
- Tap the experience of former officers and honorary members.
- Make IMIA more visible to the outside world.
- Make MEDINFOs still better and MEDINFO 2001 the largest ever.

4. Past President's Report

OR reported that the Koreans, through the efforts of Taiwoo Yoo had produced a full document on the organisation and operation of MEDINFO in Korea.

5. Vice-President – Working Groups and SIGs - Status Report

5.1. Approval of Proposal

NL reported that IMIA has 14 WGs and outlined the background of the report. The three areas highlighted by WGs were:

- to attract experts in the area
- quality
- content

The important issues that were identified by WG Chairs were overlapping of areas of focus, operational issues, communication, financial, WG conferences and external links.

Areas were collated in a draft Scientific Content Map under various headings. WGs were then assigned under four headings Technical/Research, Standards and Representation, Human Related Issues and Clinical Disciplines under the overall umbrella of IMIA Co-ordinating Councils.

NL proposed that this model be trialed during the next two years.

NL proposed that the Scientific Contents Driven Map should be used to move forward and identify WGs in the future.

Moved Marion Ball Seconded Evelyn Hovenga 2 abstentions

Approved

5.2. Affiliated Groups

International Federation of Health Records Organisations

Vickie Tichbourne, president of OFHRO discussed the organisation as to its functions, outlining similar objectives to IMIA and how these can be mutually beneficial to both organisations.

It was proposed that IFRHO become an affiliate member of IMIA

Moved Branko Cesnik Seconded Nancly Lorenzi Approved

The Memorandum of Understanding was signed but Vicky Tichbourne explained that it will have to be presented to the Grand Council of IFRHO for ratification.

Society for Internet Medicine (SIM)

A background to the Society was presented by Gunther Eysenbach as to aims and objectives for the group and the potential to build a relationship with IMIA.

5.3. Mental Health Working Group - Withdrawn

5.4. New Chairs

The following was presented to the General Assembly for approval;

WG 1 – Reinhold Haux to investigate candidates for his replacement.

WG 5 – Michael Kidd as chair.

WG 13 – Bonnie Kaplan as chair.

WG 15 – Jan Talmon as chair.

WG 18 - Regis Breuscart as chair.

Moved Nancy Lorenzi

Seconded Bjarte G Solheim

Approved

5.5. Work in Progress - WGs

WG 1 – Health and Medical Informatics Education - Reinhold Haux

A workshop has been held at the AMIA conference in Washington and another working conference on HMI Education is in preparation.

WG 4 – Data Protection in Health Information Systems – Ab Bakker

NL presented a brief summary including the fact that WG 4 will offer a tutorial at NI 2000, as well as a working conference in Victoria, Canada in June 2000.

WG 5 – Primary Health Care Informatics – Michael Kidd

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

WG 6 – Medical Concept Representation – Christopher Chute

WG 6 have updated its webpage and is holding a meeting in December 1999.

WG 7 – Biomedical Pattern Recognition – Christoph Zywietz

This group sponsored a working conference in Chicago in June 1999. The chairman is considering new methodologies and strategies.

WG 9 – Health Informatics for Development – Nora Oliveri

TK represented this group and outlined its activities.

WG 10 – Clinical Information Systems – No report

WG 11 – Dental Informatics – Eva Piehslinger & John Eisner

This group has an outstanding webpage linked through the IMIA site and work in this area is continuing.

WG 13 – Organizational Impact of Medical Informatics – Bonnie Kaplan

NL gave an outline of the group's activities.

WG15 – Technology Assessment and Quality Developments in Health Informatics – Jan Talmon

NL outlined the plans for the future, which are to further extend the contents of the VATAM webserver.

WG 16 – Standards in Healthcare Informatics – Georges de Moor

The next meeting in conjunction with MS-HUGe99 in Brugge December 3rd – 4th 1999.

WG 17 - Computerised Patient Records – Johan van de Lei

Future direction to be planned during the next several months.

WG 18 – Telematics in Healthcare – Regis Beuscart

New strategies are to be developed under a new leadership.

SIG 1 – Nursing – Evelyn Hovenga

Major event NI2000 to be held in Auckland. A strategy meeting was also held in Washington November 1999.

5.6. Endorsement of IMIA document

It was proposed by Reinhold Haux, WG1 that the document entitled “Recommendations of the International Medical Informatics Association (IMIA) on Education in Health and Medical Informatics” be endorsed as an official IMIA document.

Moved Nancy Lorenzi

Seconded Otto Rienhoff

Approved by acclamation

ADJOURNMENT - PART 1 of this meeting concluded at 5.20pm

Part 11
Marriot Balcony D Room, Marriot Hotel, Washington, DC
Friday, November 12, 1999
9.00 pm – 5.00 pm

ADDITIONAL PRESENT Charles Safran

REGRETS Chris Chute

6. Report of Regional Representatives

6.1. EFMI

Jean-Raul Scherrer spoke to his printed report and outlined the work done by EFMI in the past year especially the Ljubljana meeting. He also highlighted the work of the 10 Working Groups of EFMI

6.1.1. HON

He described how the work of HON was getting better and better. He went on to describe the increased use of the HON code. He considers it worthwhile to continue to work with IMIA. The website has had over 4000 hits per day.

6.2. IMIA-LAC – Beatriz Faria Leao

While not speaking on behalf of IMIA-LAC gave a short description of what was taking place in her country.

6.3. APAMI – Branko Cesnik

Conference in Hong Kong provided an opportunity for APAMI to meet. Promoted APAMI's 2000 conference and requested support. Sri Lanka now a member, India moving to membership, and Vietnam as observer status.

6.4. African Region – Lyn Hanmer.

HELENA 1999 takes place in Harare at the end of November. 100 registrations will make for a small meeting but it is hoped that it will help the area to grow. It is a challenge to find the people in Africa who are interested in the field and keep contact with them.

7. Report of the Treasurer

The finances are healthy. Virtually all assets are cash, the organisation is profitable and liquid. More than SwissF11,000 of membership fees were collected for membership fees in arrears for 1996,1997 & 1998. Recommendation made that there is no fee increase for the year 2000.

- Review the fee system. UG recommended Branko Cesnik ED, and an invitation to one or two others to look at IMIA's membership fee structure. Izet Masic volunteered to be on the Committee.
- Proposal for Committee UG Chair, BC, SH and Izet Masic
Moved Bjarte G. Solheim Seconded Jean Roberts Approved unanimously
- 17 countries have not yet paid fees for 1999. 6 countries have not paid for more than 2 years. The 6 countries all to get a warning but circumstances will be taken into account. BC suggested that an interim observer status be offered.

Moved Bjarte G. Solheim

Seconded Lyn Hanmer

Approved

- The 5-year Budget was presented for approval. SH outlined the budget and how it had been arrived at. This budget presumes operations as they are now.

Moved Diarmuid UaConnail Seconded KC Lun Approved

- Budget for 2000, as included in the 5-year budget, presented for approval.

Moved Reinhold Haux Seconded Branko Cesnik Approved.

8. Report of the Audit Committee

8.1. Audited Financial Statements 1997

Hans Petersen read the report on Page 23 in the GA Agenda and requested acceptance of the report

Moved Marian Ball Seconded Bjarte G. Solheim

Approved

8.2. Audited Financial Statements 1998

Hans Petersen noted the improvement from the previous year but the still disappointing level of membership fees and requested acceptance of the report

Moved Nancy Lorenzi Seconded KC Lun

Approved

8.3. Resignation

Hans Petersen requested that his resignation be accepted because of conflict of interest. Recommendation that John Flint be appointed Chair of the Audit Committee. Resignation accepted with thanks and acclamation.

Moved Hans Petersen Seconded Ulla Gerdin Approved

9. Report of the Secretary – Symonds

IHS expanded briefly on his written report, page 24. Evelyn Hovenga queried record keeping and the President stated that IMIA was working towards a more efficient solution for archival storage.

Evelyn Hovenga commented that there was to be a history written on Nursing Informatics to be ready in April 2000 in Auckland and queried if there could be one for IMIA. It was revealed that Hans Petersen was working on a history of IMIA as a record.

Acceptance of the Secretary's report was requested.

Moved Bjarte G. Solheim Seconded Alvin Margolis Approved

10. Report of the VP MedInfo – K C Lun

10.1. MedInfo 2001 September 2nd – 5th September 2001

KC reported that the Scientific Programme Committee has been formed. The 15 members on this committee were geographically selected so that national representation, as well as using the best talent in the field was fair.

Jean Roberts gave a presentation on MedInfo 2001. The website will be available from December 1999. She asked for information at MedInfo2001 as follows:

- A Profile of National Societies, possibly Market, and attendance.
- Contacts at Embassies, Major Vendors, 'Trade' Journals
- Recognition of the 'Buddy System' for each country e.g. solicit papers, assist with writing, polishing & amending, presentation production.

- A need for recognition of data protection. It is intended to ask permission to use details to support the event, professional societies, whatever purposes within the Health Informatics domain.

There were a series of questions from the floor.

10.2. MedInfo 2004 – Bidding process

Bids are now open for 2004. Guidelines can be found on Page 31 of the General Assembly attachments. Bids must be received by 31st March 2000 and will be reviewed at the 29th April 2000 Board Meeting in New Zealand. A decision will be made in Hannover in August 2000 by the General Assembly.

Acceptance of the report was
 Moved Bjarte G. Solheim Seconded Reinhold Haux Approved

11. Report of the VP Services – Alexa McCray

Thomas's work on the website was recognised with applause. The electronic services are now to be moved to SH at the Secretariat.

11.1. IMIA Yearbook

The production of the 1999 yearbook was discussed. The 2000 yearbook will be going to the publishers next month. AM requested that societies buy the yearbook, as this is very important for the financial health of the yearbook.

A vote of confidence was requested on the appointment of new editors Reinhold Haux and Casimir Kulkowski and the formulation of an editorial advisory committee consisting of Jan Van Bommel, Alexa McCray and Marion Ball.

Moved Otto Rienhoff Seconded Ulla Gerdin 3 abstentions
Approved

Marion Ball gave a vote of thanks to the outgoing editors for their outstanding work to create the yearbook with the voluntary services they have available. This was received with a standing ovation. JVB paid tribute to the secretaries and other participants for their contributions.

11.2. Newsletter

OR outlined the difficulties of mailing costs to deliver the hardcopy to various countries. He thanked Thomas for his help in his production of the electronic newsletter.

12. Report of the VP – Membership – Roberts

JR had nothing to add to her written report and the discussion yesterday and requested acceptance of her report.

Moved Alvin Margolis Seconded Branco Cesnik 1 abstention
Approved

12.1. Approval of Society Change for New Zealand

The paperwork has now been received and it is proposed that this be accepted.

Moved Jean Roberts Seconded Marion Ball 1 abstention
Approved

13. Report of the VP Special Affairs – Shorter

Apology for absence.

14. Report of the Executive Director – Huesing

SH outlined the background to his report. The issue of the professional resource index was raised and BC and SH will continue to try to secure funding. He outlined the administration progress over the year.

14.1. Electronic Services

TK gave a report highlighting the next IMIA events page from the website. Also he showed a sample of the institutional members' page from the database.

Approval of the reports was:

Moved Otto Rienhoff Seconded Ulla Gerdin Approved

14.2. Standard Operating Procedures

Formal approval for the Standard Operating Procedures in regard to expenses for SPC & EC was sought.

Moved Ulla Gerdin Seconded Ian Symonds Approved

15. Report of the Nominating Committee – Ball

Marion Ball reviewed her report on Page 41 of GA meeting attachments.

15.1 Approval of the Nominating Committee Chair

Chair Nominating Committee Otto Rienhoff 2000 – 2003

This position is automatically filled by the outgoing president.

15.2 Approval of Nominating Committee Member

Recommended by the Nominating Committee that the following be elected to the committee Kathryn Hannah 2000 – 2003

Moved Ulla Gerdin Seconded Beatriz Faria Leao Approved

15.3 Election of Board Members

The following slate was presented for approval

President Elect KC Lun 2000 – 2001

Moved Evelyn Hovenga Seconded Jean Roberts Approved

President KC Lun 2001 - 2004

Moved Jean Roberts Seconded Evelyn Hovenga Approved

Secretary (2nd Term) Ian Symonds 2000 - 2003

Moved Otto Rienhoff Seconded Ulla Gerdin Approved

VP Membership Branko Cesnik 1999 - 2002

Moved Beatriz Faria Leao Seconded Evelyn Hovenga Approved

VP Services Reinhold Haux 1999 - 2002

Moved Ulla Gerdin Seconded Lyn Hanmer Approved

VP MedINFO (Elect) Charles Safran 2001 – 2004

Moved Bjarte G Solheim Seconded D. UaConnail Approved

15.4 Election of Honorary Fellow

The Committee proposes the election of Otto Rienhoff as an honorary member.

Accepted by acclamation

JVB presented a citation to Otto Rienhoff in recognition of his election.

JVB thanked Jean Roberts and Alexa McCray were thanked for their services as VP Membership and VP Services. He made a presentation to both.

16 Future Meetings 2000

- **Board**, Auckland, New Zealand - April 29 – 30, 2000
- **Board & GA**, Hannover, Germany
 - MIE** Sunday August 27th – Wednesday 30th August, 2000
 - Board Meeting** Friday 25th August, 2000
 - GA** Saturday 26th August 2000

16.1.1 2001

- **Board Meeting** – Spring - To be raised decided
- London, UK **Board Meeting** Friday August 31st August 2001
 - GA** Saturday 1st September 2001
 - MedInfo 2001 Conference** 2nd – 5th September 2001

16.2. 2002

- **Board** (To be decided)
- **Board & GA** (To be decided) This meeting should be in the city of the approved MedInfo site for 2004.
-

17 Other Business

Evelyn Hovenga raised that matter of conflicts of interest within societies. IMIA have no known policies. The matter is to be investigated in relationship to Swiss law.

Izet Masic made known that conferences have recently been held in both Bosnia and Croatia.

18 Adjournment

The President closed the meeting, thanking all for their attendance and encouraged existing members to promote IMIA and bring in new members; and also to develop ideas which will build bridges.

The meeting was adjourned at 1.45pm

Ian Symonds, Secretary on behalf of the IMIA Board
Judy Pound Administration Secretary