Steven A. Huesing, IMIA Executive Director

It is with deep regret and sadness that I share with you the news that Steven Huesing, IMIA Executive Director, passed away on Sunday, April 12, 2009.

Steven Huesing was an outstanding person and professional. As Executive Director of the International Medical Informatics Association, he has for many years provided significant and global contributions to the progress of our field. It is through his tireless work that IMIA has developed into the leading international association that it is today. Since the start of his career, in the 1960s, he has been a pioneer and ambassador to the advancement of computers and information technology in healthcare. Among the many recognitions of his contributions, he was honoured for his exceptional work with the prestigious Canadian Health Informatics Award for Lifetime Achievement.

Steven has also been described as “one of Canada’s true eHealth pioneers”, serving as Founding President (1973–78) and Executive Director (1980–99) of COACH, Canada’s Health Informatics Association. He was also Editor of the COACH history book, was a co-founder of CHITTA (now the healthcare division of the Information Technology Association of Canada, ITAC) and was Editor and Publisher of Healthcare Information Management & Communications Canada (HIM&CC). He worked in the health industry and informatics from 1964, holding senior executive, CFO, and CIO positions in healthcare facilities, government and voluntary organizations. Among many other achievements during more than 40 years on involvement in IMIA, COACH and other organisations and activities in health informatics within Canada and internationally, Steven established the COACH Founding President’s Award in 1983 to recognize and motivate outstanding health informatics students at the University of Victoria. Steven was actively involved in developing health informatics curricula with several universities, colleges and associations; in 1999, COACH established the Steven Huesing Scholarship for students in health informatics or related programmes at Canadian post-secondary institutions.

Many of you who worked with Steven knew that, during the past few months, his health status has been deteriorating. Nevertheless, I and many others wanted to share his optimism that his health would soon become better again; Steven wrote in his e-mail of March 12 on his presence at the next IMIA meetings “As it stands I will likely not be in Dublin [in April], but I will be in Hiroshima! [in November]”.

With Steven we lose a valuable and leading colleague, and more than this, we lose an outstanding person and friend. My thoughts, as well as those of the IMIA Board and all the IMIA community, are with his family in these hard and sad times.

This sad news reached us just prior to this issue of ‘Methods’ going to press, so it is too early to say how IMIA plans to commemorate his life and work, but we will inform everyone in due course. IMIA expresses its thanks to all the many National Societies, past presidents, and individuals who have already expressed their condolences on Steven’s passing.

A tribute and appreciation of Steven’s life and work will appear as a special paper in the IMIA Yearbook of Medical Informatics 2009.

Dr. Reinhold Haux, President, International Medical Informatics Association

Remembering Steven Huesing

Steven Huesing’s family would appreciate donations being made in his memory to the University Hospital Foundation for Kidney Transplant Genomics Research, 8440 112 Street, Edmonton, AB T6G TB7, Canada, or to the COACH Steven Huesing Scholarship. Scholarship donations can be made online through the COACH website (http://www.coachorg.com) or by mail to COACH, 301–250 Consumers Road, Toronto, ON M2J 4V6, Canada. The scholarship, established in 1999, commemorates Steven’s spirit, dedication and innovation, for students in health informatics (HI) or related programs.

Cards and notes of sympathy and condolence can be sent to The Huesing Family, 37–2508 Hanna Crescent, Edmonton, AB T6M 1B4, Canada.

Informatics Professor

Bill Hersh, Professor and Chair at the Department of Medical Informatics and Clinical Epidemiology, Oregon Health and Science University, Portland, Oregon, USA and Chair of the IMIA Health and Medical Informatics Education Working Group, has recently set up a blog to share and explore “thoughts on various topics related to biomedical and health informatics”. It can be accessed at http://informaticsprofessor.blogspot.com/
Important MedInfo2010 Dates to Remember

MedInfo Scientific Mentor Scheme – July 1, 2009

This is a new and important innovation for MedInfo 2010. It provides the opportunity for early career researchers or non-native English speakers to submit their papers for early review by members of an international panel of health informatics experts, who will provide feedback prior to the final MedInfo submission date. Participants in the scheme will then have the opportunity to revise their paper in light of the feedback, with revised papers then proceeding through the normal scientific review process.


This is the deadline for all submissions; details of how to submit papers, as well as other types of submission including posters, panels, workshops and tutorials, which embrace the conference theme and which relate to one of the conference topic areas, are available on the MedInfo2010 website at http://www.medinfo2010.org/abstract.

MedInfo2010 – September 13–16, 2010

The beautiful city of Cape Town, South Africa, will host the 13th World Congress on Medical and Health Informatics, the first African MedInfo.

AMIA Launches Global Fellowship Program with $1.18 Million Grant

The American Medical Informatics Association (AMIA) has been awarded a $1.18 million grant from the Bill & Melinda Gates Foundation. Covering the period November 2008 to April 2010, the grant will support the development of a blueprint for training informatics leaders and for promoting health informatics education and training with a focus in low-resource settings.

AMIA intends to lead a team of experts to develop scalable approaches to e-health education, through the Global Fellowship Program (GFP). Working in collaboration with other partners, AMIA will address the need for a global informatics workforce and scholarly network, though educating and training a new generation of leaders in low resource nations, and by linking them and their institutions to partner institutions affiliated with AMIA and others in the network. AMIA anticipate that, through this work and other related activities, valuable lessons can also be learned in training and education for capacity building and managing high-quality, low-cost health care in the less-developed economies.

Barbara Brown (e-mail: Barbara@amia.org), AMIA’s GFP Project Director, will be working to lay the groundwork for this project, and welcomes comment and input from colleagues doing similar work through fellowship programs and institutional partnerships.

Courtesy: Don Detmer, President and CEO, AMIA

Prof. Graham Wright and Walter Sisulu University

Graham Wright, Chair of the British Computer Society Health Informatics Forum (BCSHIF), Director of the Centre for Health Informatics Research and Development (CHIRAD), and UK representative to IMIA, has been appointed Research Professor of Health Sciences at the Walter Sisulu University (WSU – http://www.wsu.ac.za), Mthatha, South Africa, commencing June 1, 2009. WSU has appointed research champions in all four of its faculties to raise its research profile. The faculty has schools of nursing and medicine, and over 8,000 full time students. Graham will be responsible for development of research activity within the Faculty of Health Sciences and for starting a Department of Health Informatics. Over the past few years, Graham, together with CHIRAD members Helen Betts, John Bryant, and Peter Murray, have been teaching an MSc in Health Informatics at WSU, and helping set up a Centre of Excellence in Health Informatics. Graham will continue that development, as part of which CHIRAD South Africa has been established as a not for profit company, and in conjunction with Brenda Faye, Sedick Issacs and other colleagues hopes to begin collaborative projects with like-minded researchers around the world. Anyone who has a wish to, in Graham’s words, “help change the world” and is interested in collaborative activities, doctoral supervision, or teaching is invited to contact him.
IMIA’s Explorations in Using Web 2.0

In the previous issue of these pages, we mentioned the IMIA Web 2.0 Exploratory Task-force. As part of related activities, we have been quietly exploring the use of Web 2.0 tools, with a view to incorporating appropriate applications within IMIA’s daily activity and interaction with its members and the wider health and biomedical informatics communities.

There is now an IMIA group on LinkedIn (http://www.linkedin.com); this has over 150 members, many of whom are new to interest and involvement in IMIA, and see benefit in using this and other social networking technologies to interact with like-minded colleagues. AMIA, the BCS Health Informatics Forum and CHIRAD also have LinkedIn groups. An IMIA group on Facebook (http://www.facebook.com), established thanks to Gunther Eysenbach, has over 160 members, and AMIA and APAMI are among other health informatics organisations that have Facebook groups. NI2009, the forthcoming 10th International Congress on Nursing Informatics (http://www.ni2009.org), and Medicine 2.0’09, the 2nd International Congress on Social Networking and Web 2.0 in Medicine and Health (http://www.medicine20congress.com) have established event pages on Facebook. Twitter feeds (http://www.twitter.com) have also recently been set up for IMIA (@IMIAtweets), NI2009 (@ni2009) and MedInfo2010 (@medinfo, @medinfo2010), although currently are still in early stages of development and we will be exploring how best to use them. We welcome thoughts from anyone using these facilities as to how beneficial they find them, and for ideas on how IMIA can best make use of such new and emerging technologies and modes of interaction.

Open Health Natural Language Processing (NLP) Consortium

Biomedical informatics researchers at Mayo Clinic and IBM have launched a website for the newly founded Open Health Natural Language Processing (NLP) Consortium, which aims to promote the open source UIMA (Unstructured Information Management applications) framework and SDK (software development kit) as the basis for biomedical NLP systems. The goal is to establish an open source consortium to promote past and current development efforts, including participation in information extraction from electronic medical records. The consortium seeks to facilitate and encourage new annotator and pipeline development, exchange insights and collaborate on novel biomedical natural language processing systems and develop gold-standard corpora for development and testing. Mayo Clinic and IBM have released their clinical NLP technologies into the public domain. The site (http://www.ohnlp.org) will allow the approximately 2,000 researchers and developers working on clinical language systems worldwide to contribute code and further develop the systems.

Sustainable Collaborations in Health Care Open Source Software

A workshop held on April 3, 2009 at the Med-e-Tel conference in Luxembourg was designed to seek discussion and involvement in collaborative attempts to build sustainable co-operation in the development, use and promotion of free/libre and open source software in healthcare (FLOSS-HC). Participants agreed that, while many health and health informatics open source groups exist, their collaboration and impact have not been as great as they could have been. There is a need, they agreed, for a FLOSS-HC inventory where people can find what already exists, and which should have rating options for existing software projects (similar to the Enterprise Open Source Directory http://www.eosdirectory.com but specific to FLOSS-HC).

It was also noted that there is not enough communication among existing FLOSS-HC projects, and that the future development of FLOSS-HC products would benefit from opportunities to provide means of communication and collaboration. In the first step this can be done by a simple wiki system especially for FLOSS-HC. The CHOS-WG website (http://chos-wg.eu) has been established by Etienne Saliez to provide an initial framework for discussions and developments. Participants also agreed to work towards a FLOSS-HC event at Medinfo 2010, as well as encouraging related submissions to the scientific programme.

The discussions built on those at the EFMI Special Topic Conference on open source in healthcare held in London in September 2008 (http://www.chirad.info/efmi_stc), and at the OSEHC 2009 (Open Source in European Health Care) event held in Portugal in January 2009. A workshop at MIE2009 (http://www.mie2009.org) in Sarajevo, Bosnia and Herzegovina in August 2009 will also seek input to the nature of the collaborations needed and encourage further participation.

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TIGER Moves into Phase III: Implementation

The Technology Informatics Guiding Education Reform (TIGER) initiative is working to help the USA realise its 10-year goal of electronic health records for all its citizens, primarily through enabling practising nurses and nursing students to fully engage in the unfolding digital electronic era in healthcare. TIGER, which started as a grassroots initiative, now involves over 70 professional nursing organizations, vendors, and governmental entities. The purpose of the initiative is to identify information/knowledge management best practices and effective technology capabilities for nurses. TIGER’s goal is to create and disseminate local and global action plans that can be duplicated within nursing and other multidisciplinary healthcare training and workplace settings.

Since 2007, TIGER has successfully brought together hundreds of volunteers in nine collaborative teams to address these areas listed above. The Alliance for Nursing Informatics (ANI) as the enabling organization for TIGER has developed a communication plan to distribute the TIGER Call to Action Reports. We encourage the organizations that have been involved in the TIGER initiative to each develop their own communication plans. The first two phases have reached conclusion, i.e. phase I engaged stakeholders to create a common vision of electronic health record-enabled nursing practice, while phase II facilitated collaboration among participating organizations to achieve the vision. The TIGER Phase II Executive Summary can be accessed at http://www.tigersummit.com.

In 2009, TIGER moves forward, in phase III, to integrate the full set of recommendations from the reports of the nine collaborative teams into the nursing community along with colleagues from disciplines across the continuum of care. This will include:

- developing a U.S. nursing workforce capable of using electronic health records to improve the delivery of healthcare;
- engaging more nurses in the development of a Nationwide Health Information Technology infrastructure;
- accelerating adoption of smart, standard-based, interoperable, patient-centred technology that will make healthcare delivery safer, more efficient, timely, accessible, and efficient;
- developing action in crucial areas, including standards and interoperability, informatics competencies, education and faculty development, usability and clinical application design, a “Virtual Demonstration Center”, consumer empowerment and personal health records.

The TIGER project is being lead by the Alliance for Nursing Informatics (ANI – http://www.alienceni.org), which is co-sponsored by AMIA and HIMSS, represents more than 5,000 nurses and brings together 26 distinct nursing informatics groups in the United States. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the nearly three million nurses in practice today.

IMIA Board and General Assembly Meeting, November 2009

The IMIA Board and General Assembly will meet at the International Conference Center, Peace Memorial Park, Hiroshima, Japan in November 2009 as part of the Collaborative Meetings on Health Informatics week, CoMHI in Hiroshima 2009 (http://home.hiroshima-u.ac.jp/~humind1/comhi2009/). In addition to the IMIA Board meeting (November 24, 2009) and the IMIA General Assembly meeting (November 25, 2009), a host of other events will take place. The APAMI 2009 (Asia Pacific Association for Medical Informatics 2009) meeting, with the theme “What are medical records for?” will take place on November 22–24, 2009; the 29th JCMI (Joint Conference on Medical Informatics) occurs on November 22 – 25, 2009, with the theme “Trailblazer as the key-stone of global health informatics with optimum contributions in security, quality and satisfaction to the World”; and the IMIA Working Group on Security in Health Information Systems (SiHIS) will meet on November 21 – 24, 2009 for a conference titled “Trustworthiness of health information ... Issues in security and system management for patient safety”. It promises to be a packed and exciting week, and an ideal opportunity to interact with health informatics colleagues from around the world.

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