Making the eHealth Connection: Global Partnerships, Local Solutions

The Bellagio Conference

“Making the eHealth Connection: Global Partnerships, Local Solutions” was a month-long conference series at the Rockefeller Foundation’s Bellagio Center in Bellagio, Italy. The conference took place from July 13 to August 8, 2008. In context with this conference series, eHealth is defined as the use of information and communications technology to improve the performance of health systems and represents a promising frontier.

Members of the international community – donors, governments, industry, researchers and civil society – are engaged in this effort to raise the profile of eHealth, form new partnerships and identify promising new areas of work for the Global South. While conference participation was by invitation only, the Foundation will be provided in many ways to be involved with conference discussions through blogs, video presentations and other interactive mediums.

The “Making the eHealth Connection” effort is led by the Rockefeller Foundation in coordination with conveners that are internationally recognized in the fields of global health, international development, and information and communications technology (ICT). These conveners include:

- American Medical Informatics Association (AMIA)
- Health Level Seven (HL7)
- Health Metrics Network (HMN)
- International Medical Informatics Association (IMIA)
- Latin American and Caribbean Center on Health Sciences Information (BIREME)
- Partners in Health (PIH)
- Public Health Institute
- Regenstrief Institute
- Telemedicine Society of India
- United Nations Foundation
- University of Washington’s Center for Public Health Informatics
- Vodafone Group Foundation
- World Health Organization (WHO)

Eight key issues are at the heart of advancing eHealth and improving health systems in the developing world’s Global South region and were part of conference conversation:

- The path to interoperability
- Public health informatics and national health information systems
- Access to health information and knowledge-sharing
- eHealth capacity building
- Electronic health records
- Mobile phones and telemedicine
- Unlocking eHealth markets
- National eHealth policies

For more information on the Rockefeller Foundation series on eHealth, please see www.ehealth-connection.org.

Health Informatics and eHealth Capacity Building

Dr. Alvaro Margolis, Vice President for IMIA Latin America and the Caribbean (IMIA-LAC), represented IMIA in convening “Health Informatics and eHealth Capacity Building”. The following is a brief summary of Dr. Margolis’ report:

Goals of the Week

- Analyze current status of and future needs regarding the development of a trained workforce capable of conducting eHealth projects in developing economies.
- Define short and middle-term (two to five years) actions that could be pursued by the convening organizations and other stakeholders in order to fulfill the detected needs.
- Develop a framework for a network of leaders and organizations that could collaborate in these actions.

Discussion and Review of Commissioned Papers

- Educating the Health Informatics Workforce in the Global South
  – Judy Ozbolt, PhD, RN.

Conclusions of Group Discussions

- Training should be needs driven.
- Policymakers need to be convinced of the importance of health information systems and eHealth training, and have ownership of the projects.
- There could be a database of publicly available resources which may provide the foundation for training.
- A National eHealth Assessment Methodology should be developed to allow a country to work through their needs and profiles to come up with a viable National eHealth Roadmap.
- Coordination is important and can be achieved with little resources, but a budget is necessary if a higher development is desired.
- IMIA, IMIA regions and national societies, together with AMIA, and partnering with local Universities could deploy this project.

Call to Action

1) Health informatics workforce is the key to health and economic development.
2) Expose poor current status of knowledge and skills in eHealth and informatics.
3) Too little sharing of successes and failures.

Recommendations

1) Development of an advocacy strategy for the need of a trained eHealth workforce to top national leaders (top down).
2) Development of an advocacy strategy to “influentials”, including senior health care professionals (bottom up).
3) Build leadership in health informatics.
4) Develop programs and projects in nations and offer shared experiences. Twinning, professional networks.
5) Develop web-based global informatics resources.
6) Develop regional “woods hole” train-the-trainers one-week residencies.
7) Develop work-based training through international exchange.
8) Develop profiles for “who needs what” training.

Determining Health Informatics Workforce Needs in Developing Economies – William Hersh et al.
9) Develop centers of excellence.
10) Develop templates for national evaluation regarding preparedness for eHealth
11) Develop funds to start local capacity programs.

12) Catalyze other actors for sustainability of programs.
13) Improve public-private collaborations, including other stakeholders as industry.
14) Develop a high-priority research agenda: what do we need to know? How can we best know it?

15) Funds to develop eHealth consensus on capacity blueprints to change silos to systems.

Dr. Margolis’ full report and slides of Dr. Hersh’s closing summation will be available on IMIA’s website (www.imia.org).

AHIMA HOD Approves New Health Data Analyst Certification

The governing body of the American Health Information Management Association (AHIMA), House of Delegates has voted to develop a new certification for health information management professionals. The specialty “health data analyst” certification will provide practitioners with the expertise to analyze, manage, interpret and transform data into accurate, useful and timely information.

“In this emerging role, health data analysts have to focus on the details of medical records using electronic systems to extrapolate conclusions from stored data”, AHIMA President Wendy Mangin said.

Because health records comprise myriads of data, including physician visits, and information that can be used to develop new treatment techniques and track population health, “health data analysts must be skilled in statistical software and other data processing programs”, Mangin said.

Understanding the value of data is critical to obtain this credential. There are specific qualifications required for initial certification as a certified health data analyst. That means candidates have to meet one of the following eligibility requirements to take the examination:

- Baccalaureate degree or higher and a minimum of five years of healthcare data experience;
- Healthcare Information Administration credential (RHIA) and a minimum of one year of healthcare data experience;
- Experience in healthcare data will be verified through the application process that requires work-related experience in healthcare data management, analysis and reporting.

The American Health Information Management Association is America’s leading professional society whose mission is to “improve healthcare by advancing best practices and standards for health information management and [serve as] the trusted source for education, research and professional credentialing”. AHIMA represents more than 52,000 specially educated HIM professionals who serve healthcare and the public by managing, analyzing and utilizing data vital for health system management.

For further information, visit www.ahima.org

InfoLAC 2008 Proves to Be an Outstanding Success — Participation Far Exceeds Expectations


Latin America and the Caribbean (LAC) is a large and diverse region, ranging from tropical to polar climates, which includes over 20 countries with 560 million people, speaking mostly Spanish and Portuguese.

IMIA-LAC, the Latin American and Caribbean Federation for Health Informatics (www.imia-lac.net), established in 1983, is the second regional federation of IMIA, the International Medical Informatics Association. As a part of its development plan, IMIA-LAC organized, in conjunction with AAIM, the Argentine Association of Medical Informatics (www.aaim.com.ar), the Third Latin American and Caribbean Congress of Medical Informatics.

InfoLAC2008 — Advances in Medical Informatics and their Impact on Healthcare Systems

The congress was held at the Campus of Universidad Austral (Pilar, Buenos Aires, Argentina), between October 29 and November 1, 2008, in conjunction with other important activities, which created a synergy among the various events:

- the IMIA Health and Medical Informatics Education Working Group (previously WG1) meeting and their ground-breaking king session “Building Worldwide Capacity for the Health Informatics Workforce”, hosted by the Hospital Italiano de Buenos Aires, October 27-28;
- nine pre-congress tutorials, October 29;
- the IMIA Task-force meeting for the Biennial MedInfo Cycle, October 29;
- the MedInfo 2010 Joint Committee meeting, October 30;
- the IMIA Board meeting, October 31; and
- the 2nd Argentine Symposium of Nursing Informatics, November 1.
The Scientific Program Committee ensured the quality of the contributions, after a peer-reviewed process: 123 papers submitted, 70 papers and 24 posters accepted.

The core of the Congress’ Scientific Program consisted of six plenary sessions:
- Reinhold Haux: e-Health and Patient Centered Care on Information Management Strategies and the Roles of WHO and IMIA;
- Brian Kelly: National efforts to support cross-institutional data exchange;
- William Edward Hammond: Solving the Interoperability Dilemma;
- Charles Friedman: The development of a national health information infrastructure in USA;
- Robert Jenders: Support Systems for Decision Making in Health;
- Don E. Detmer: Where are we and how did we get here? AMIA Perspective.

In addition, there were nine parallel tracks, including 23 outstanding speakers, 22 discussion panels, 17 paper sessions, 10 sponsored events as well as a poster session. The 2nd Argentine Symposium of Nursing Informatics had 12 sessions with 120 experts and participants in attendance.

InfoLAC 2008 was attended by 680 experts and participants from 30 countries, coming from Latin America and the Caribbean (12 countries), Europe (10 countries), Asia-Pacific region (4 countries), USA, Canada, Israel and South Africa.

IMIA provided financial aid to offset travel and lodging costs of regional delegates, the Local Organizing Committee subsidized a significant number of registration fees as well, in order to ensure that participants who were presenting their experiences were able to attend the congress.

This successful congress strengthens the IMIA-LAC region by facilitating a social network of Latin American and Caribbean leaders, by advancing the technical agenda of regional working groups on education and standards, and by motivating and nurturing the creation of national societies within the region.

This report was compiled by Alvaro Margolís, President of IMIA-LAC; Juan Carlos Di Lucca, President of InfoLAC 2008; Daniel Luna, President of the Scientific Programme Committee, and Valerio Yacobsohn, IMIA Honorary Fellow.

---

**IMIA Funds Viewer for Traveler’s Electronic Health Record Template**

**Project TET/TrEHRT**

A collaborative team of representatives from AMIA, APAMI, EFMI and IMIA has been working for more than six months on the issue of an internationally interoperable traveler’s electronic health summary formerly known as TET. In the monthly conference-call meetings, the project has now been dubbed as “TrEHRT” (Traveler’s Electronic Health Record Template).

The core members of this team, representing IMIA and IMIA regions are:
- IMIA: Reinhold Haux, President (Germany)
- APAMI: Yu-Chuan (Jack) Li (Taiwan);
  Yun-Sik Kwak (Korea)
- North America (AMIA): Don Detmer, Paul Tang (USA)
- EFMI: George Mihalas (Romania);
  Bernd Blobel (Germany)

IMIA’s Latin American and Caribbean Region, IMIA-LAC, will also join this task force very soon.

In the past few months, this team has revisited the data elements and developed a use-case as well as architectural principles. With the financial support from the IMIA Strategic Planning Development Fund, we are now assembling a software development team and begin to develop a pilot Java-based multilingual TrEHRT viewer for demonstration of feasibility. The viewer will eventually become open-source so it will have the widest audience possible.

TrEHRT will have good interoperability by adopting mainstream standards. It can be read or accessed by computers virtually worldwide. As examples that could include a web-based interface or a personally carried USB drive compliant with current PC standards. A web-based interface would imply the need for connectivity with the Internet and knowledge of the URL, unique ID, and password. A USB drive would require a computer with a standard USB interface. The USB application could be configured to present the TrEHRT information without requiring a password.

A TrEHRT shall be an XML format file that includes a minimal set of data items crucial to travelers’ own health needs and may also be used for public health data gathering during epidemic or other special circumstances. It may contain basic demographic data, recent travel history, current medication history, allergy history and current medical conditions ... etc. In addition, we plan to use Java as our development language so it would be portable to different platforms like world wide web, mobile phones or flash USB drives. Since the TrEHRT template is designed to accommodate multiple languages, the viewer will also have to support multiple languages.

Under the auspices of wide international support on this idea, we are quite optimistic that the TrEHRT project can be a nexus where the collaboration of an internationally interoperable electronic health record begins to sprout.

For further information contact:
Yu-Chuan (Jack) Li, M.D., Ph.D.
President, Asia Pacific Association for Medical Informatics (APAMI)
Professor and Chair, Institute of Biomedical Informatics
National Yang-Ming University
Taipei
Taiwan
E-mail: jaak88@gmail.com

---

**For personal or educational use only. No other uses without permission. All rights reserved.**
Dr. Nancy Lorenzi — Chair-elect of the American Medical Informatics Association (AMIA)

Dr. Nancy Lorenzi, IMIA’s immediate past-president, was elected as the chair-elect of the American Medical Informatics Association (AMIA). She will serve as the chair-elect during 2009 and then be the chair of the AMIA Board of Directors in 2010 and 2011.

“On behalf of the IMIA board and general assembly as well as Nancy’s colleagues and friends in the extended IMIA family I am delighted to congratulate Nancy in this well-earned and deserved honor”, said IMIA president Professor Reinhold Haux, “we all look forward to the pleasure of continuing to work with her personally and formally during her time with the AMIA board.”

Dr. Lorenzi, Professor of Biomedical Informatics and Assistant Vice Chancellor for Health Affairs at the Vanderbilt University Medical Center in Nashville TN, tirelessly served on the IMIA board from 1999 culminating in her IMIA presidency from 2004 to 2007. Among her many organizational and scholarly contributions to IMIA, her lasting legacy is the IMIA Strategic Plan: “Towards IMIA 2015”, unanimously approved by IMIA’s general assembly in 2007.

The plan, now in the implementation process, has set the stage for many of IMIA’s current collaborative initiatives under the inspirational leadership of Prof. Haux and the IMIA board.

Contact address for IMIA:
Steven A. Huesing
Executive Director IMIA
5782 –172 Street NW
Edmonton, AB T6M 1B4
Canada
Tel.: +1 780 489 4531
Fax: +1 780 489 3290
E-mail: imia@shaw.ca
http://www.imia.org