REGIONAL REPORTS
IMIA NORTH AMERICA
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The following is the North American Board Report to the IMIA board. The report details the activities of the American Medical Informatics Association (AMIA) and Canada’s Health Informatics Association (COACH).

**American Medical Informatics Association Informatics Activities in the United States**

AMIA – Informatics Professionals. Leading the Way.

AMIA is widely recognized nationally and internationally as the major U.S. based professional society for over 4,000 health care professionals, informatics researchers and thought-leaders in biomedicine, health care, and science. The rapid changes in health care have also made AMIA a growing source of programming in applied clinical informatics. AMIA’s members – primarily in the U.S. with 10 percent international membership representing more than 65 countries – belong to a dynamic informatics community where they actively share best practices and research for the advancement of the field and practical clinical application. Members are subject matter experts and are dedicated to increasing the role of informatics in patient care, public health, teaching, research, administration, and related policy.

**AMIA New Direction, New Leadership**

In March 2012 AMIA's Board of Directors hired Kevin Fickenscher, MD as President and Chief Executive Officer. Fickenscher has built upon the success of previous leaders in developing the association with his leadership skills that combine the professional knowledge of informatics with strong business skills and an understanding of the diverse healthcare and scientific environment. Fickenscher’s first year has been focused on AMIA’s critical role in serving as a leading voice in the effective use of information for increasing the quality, reducing the costs, enhancing the service capability of healthcare organizations as well as realizing value from the increased availability of health and biologic data.

After Fickenscher joined AMIA, he worked with the AMIA Board in conducting research under the direction of Association Management+Marketing Resources (AMMR), a consulting and research firm specifically focused on associations. The assessment included a member survey which sought to understand the views, interests, priorities, and perspectives of members and informatics professionals allied with AMIA. Some themes and perspectives became clear as a result of the surveys and discussions with members, as listed below:

- AMIA members are excited about the role of informatics in the current health and biomedical environment.
Our members want informatics to be a robust and thriving professional area for academics and researchers as well as for operationally focused individuals. They also want AMIA to take an active leadership role in representing and promoting the field across the entire spectrum of informaticians who are engaged in changing healthcare.

AMIA members are committed to AMIA’s mission of serving as the ‘first stop for trusted knowledge’ in biomedical informatics.

Our members noted that we are in a dynamic environment, new stakeholders can benefit from the informatics expertise available through AMIA, and AMIA has the opportunity to inform informatics activities.

AMIA members believe we must engage all relevant stakeholders as we consider future directions for informatics, including those leaders of the healthcare community who manage and organize healthcare services.

Members appreciate the educational, professional development, networking, and other services that AMIA provides. In addition, they had several suggestions as to how AMIA could enhance these activities even further so they are of greater value.

Members offered suggestions on how AMIA could be even more efficient, effective, and strong as an organization for the benefit of the informatics profession.

For greater explanation of the findings consult President’s column: An AMIA Update – New Directions and New Opportunities. K. Fickenscher, J Am Med Inform Assoc 2013 20: 208-210 doi: 10.1136/amiajnl-2012-001515

New Initiatives 2013

Clinical Informatics Subspecialty Certification Exam Preparation Program

In 2013, AMIA will introduce a Clinical Informatics Subspecialty Certification Exam Preparation Program led by course director William Hersh, MD, FACP, FACMI. Hersh is well known in informatics circles as the Professor and Chair of the Department of Medical Informatics & Clinical Epidemiology, Oregon Health & Science University. The program builds on the success of a multi-year initiative to elevate clinical informatics to an American Board of Medical Specialties (ABMS) subspecialty certified by an examination administered by the American Board of Preventive Medicine and available to physicians who have primary specialty certification through the ABMS. The Clinical Informatics Subspecialty Certification Exam will be held October 7 – 18, 2013 and is open to candidates of all 24 specialties.

Joining such subspecialties as pediatric anesthesiology, medical toxicology, sports medicine, geriatrics medicine, and cardiovascular disease, clinical informatics (CI) certification will be based on a rigorous set of core competencies, heavily influenced by publications on the subject that were developed by AMIA and its members, many of whom have pioneered the field and supported CI’s new status as an ABMS-recognized area of clinical expertise. To prepare physicians who wish to sit for this examination, AMIA Clinical Informatics Subspecialty Certification Exam Preparation Course materials will be available both online and in three in-person courses offered in the late spring and summer of 2013.

The AMIA Academic Forum continues to develop an alternate pathway for certification of clinical and public health informatics professionals through its Advanced Interprofessional Informatics Certification (AIIC) Task Force. This is critical to the process since we recognize that other clinical informatics professionals (nurses, dentists, pharmacists, computer scientists, etc.) as well as non-U.S. physicians and U.S. physicians who are not ABMS-certified, need to have a pathway to CI certification. Further information on the Advanced Interprofessional Informatics Certification will be available at the AMIA 2013 Annual Symposium, in Washington, DC this November.
iHealth Conference

In the midst of rapid implementation of EHR systems and concentrated improvements in the use of analytics and big data in healthcare settings, the importance of applied clinical informatics or operational informatics has grown by leaps and bounds. AMIA has always served informaticians and practitioners with applied clinical expertise and the interest in educational programming continues to grow.

In conjunction with AMIA’s launch of Clinical Informatics Subspecialty Certification Exam Preparation Courses, AMIA is expanding its educational outreach through the launch of a new meeting focused on applied clinical informatics. The new meeting debut in January 2014 is called iHealth and builds on six themes:

- take INFORMATION
- about the INDIVIDUAL
- apply INFORMATICS
- create INTELLIGENCE
- drive INNOVATION
- IMPROVE health care

Co-hosting the meeting is AcademyHealth and AMDIS, ANIA and AAMI are organizational supporters. iHealth will serve clinical professionals actively engaged in applying informatics tools to enhance efficiency, reduce costs and increase quality.

iHealth is designed to appeal to decision makers, strategic planners, clinicians charged to understand the big picture and how to improve outcomes and lower costs; bottom-line analysts, managers and physician/nurse executives transforming the business and practice of healthcare delivery; financial executives who need to move the margins in ways that only operational informatics can influence; and CMIO/CNIOs seeking to deepen the information base feeding critical decision-making by the CMIO/CNIO teams. iHealth is an essential element in the Applied Clinical Informaticians’ tool box and those leaders who want to make system investments that produce measureable results. We invite you to join us!

Program Highlights 2012

JAMIA

In 2012, Lucila Ohno-Machado and the JAMIA Editorial Board published an online issue on translational bioinformatics (June issue). In early 2013 a special focus issue on biomedical imaging informatics was introduced. AMIA publishes online issues periodically to better serve the needs of authors, members and readers. These special issues are immediately open for full access by AMIA members and other JAMIA subscribers. Online First continues to be a popular JAMIA feature. Online First articles have been peer reviewed, accepted for publication, published online and indexed by PubMed. They have not yet been assigned to a journal issue, but the information is available as soon as practicable for JAMIA readers.

JAMIA Mobile access also launched in 2012, providing readers with full access to JAMIA content. Dr. Ohno-Machado continues to implement changes to disseminate JAMIA to a broader audience, to expand its contents and to streamline its management.

The AMIA Board also published three white papers in JAMIA:

The Future State of Clinical Data Capture and Documentation a Report from AMIA’s 2011 Policy Meeting. J Am Med Inform Assoc 2013;20:1 134-140 Published Online First: 8 September 2012 doi:10.1136/amiajnl-2012-001093
Definition of Biomedical Informatics and Specification of Core Competencies for Graduate Education in the Discipline
*J Am Med Inform Assoc* 2012;19:6 931-938 Published Online First: 8 June 2012
doi:10.1136/amiajnl-2012-001053

AMIA’s Code of Professional and Ethical Conduct
*J Am Med Inform Assoc* 2013;20:1 141-143 Published Online First: 25 June 2012
doi:10.1136/amiajnl-2012-001035

**Member Loyalty**

All members, new and experienced, are valuable in the AMIA community. In 2012 AMIA launched a Member Loyalty program to recognize individuals who maintain their membership commitment and continue to represent the values of AMIA. The diversity of AMIA’s multidisciplinary members makes the AMIA community special. In a world where knowledge expands exponentially through the use of informatics, AMIA welcomes and values members who continue to:

- Sustain interest in the organization’s mission
- Value networking with informatics professionals
- Pursue a professional life of learning and sharing information
- Apply knowledge to pose questions and solve problems
- Seek opportunities to lead and serve

Members are recognized with bronze, silver and gold pins denoting participation at the 10-, 20- and 30-year mark, as well as new members with terms less than 10 years. Longevity is determined based on 1990, the year AMIA emerged as a fully formed entity and began its membership program.

**Annual Symposium**

AMIA holds the premier informatics forum in the U.S. annually in the field of informatics. 2012 was a record breaking year with 2400 attendees and the added highlight of Chicago Informatics Week activities. In 2013, AMIA will host its 37th Annual Symposium, in Washington, D.C. which provides a wide range of opportunities for education and discussion on important research and practices that advance the profession and improve health care. AMIA 2013 will build on successful innovations from 2012 and launch offerings specifically tailored to the growing student member and meeting attendee group.

- Student design competition
- One-page podium abstracts enabling authors to submit work that might be for publication consideration a leading journal
- State of the practice in informatics presentations and tutorials
- AMIA’s Working Group pre-symposia

**Joint Summits on Translational Science**

AMIA’s Joint Summits on Translational Science continue to represent the best opportunities for networking with others in the translational bioinformatics (TBI) and clinical research informatics (CRI) communities. In 2013, the Scientific Program Committee broadened the call for papers criteria introducing using keywords to classify submissions. Authors also had the option of submitting short papers or podium presentations, while maintaining the ability to extend the work for follow-up publication in a peer reviewed journal.

The Joint Summits TBI-CRI, hosted March 18-22, 2013 in San Francisco, California benefit from co-location and ‘bridge day’ programming enabled the translational bioinformatics and
clinical research informatics communities to discuss the cross-disciplinary nature of their research fields, bringing some of the finest minds in both domains together for several days.

- The 2013 TBI Summit delivered a scientific program comprising a set of tutorials, lectures, panels, and posters that showcase the latest advances in applying informatics to biomedical research and clinical care and had four tracks.
- The 2013 AMIA CRI Summit expanded on previous meetings with peer-reviewed presentations, panels, and posters, and invited speakers.

**Health Policy Meeting**

AMIA convened the seventh invitational health policy meeting “Health Data Use, Stewardship and Governance: Ongoing Gaps and Challenges” in Washington, DC in December 2012. At the meeting, 100+ participants considered data use, re-use, stewardship and governance that meet challenges posed by technology-enabled sources of health data, and reflects current health informatics evidence and practices.

The meeting developed and advanced a data management model that recognizes healthcare data as an organizational, enterprise-wide asset and resource. The meeting built on the prior work of AMIA, the Institute of Medicine (IOM) and others, especially in light of rapid changes being brought about by patient-centered medicine, performance and outcome measurement, and the growing adoption and use of EHRs. A report from the meeting and recommendations from breakout sessions is being prepared for publication. Plenary sessions covered Secondary Data Use SHARP Grant, EU Data Stewardship Framework, AHRQ Activities Overview, a proposal and reactor panel Dramatic Reform of National Policy to Support Secure Access to Person-level Data for Quality Life-Giving Research and Considerations for Data Stewardship and Governance.

**Education and Training—10x10 and beyond**

Workforce education and development is critical to the future of the biomedical and health informatics profession and the transformation of the health care system. AMIA has conferred more than 32,000 continuing education credits for more than 2000 10 x 10 participants since the program launched in 2005. AMIA is committed to the education and training of a new generation of clinical, public health, research, and translational bioinformatics professionals who will lead the deployment and use of advanced clinical computing systems. AMIA continues to train thousands of professionals and students through the 10x10 program.

**Community Highlights**

**ACMI**

The American College of Medical Informatics (ACMI) is a college of elected fellows from the U.S. and abroad who have made significant and sustained contributions to the field of biomedical and health informatics. It is the center of action for a community of scholars and practitioners who are committed to advancing the informatics field. The College exists as an elected body of fellows exceeding 400 in number within AMIA, with its own bylaws and regulations that guide the organization, its activities, and its relationship with AMIA.

ACMI hosts an annual Winter Symposium. In early 2013, ACMI focused the meeting on “What should Informatics do to address the healthcare crisis?”

For the U.S., addressing the healthcare crisis has become a matter of economic and societal survival. The business model of biomedical informatics, the "engine of innovation for HIT," is broken in many respects. Informatics is struggling for relevance in a landscape increasingly dominated by other players laying claim to “information.” Much of informatics research fails to
achieve the end goal of affecting healthcare processes and outcomes in a positive and meaningful way. Successful cooperation and collaboration between informatics and industry on practical applications at the point of care is scarce. The informatics community is fragmented, unnecessarily competitive and without a common vision.

Participants considered conditions present in U.S. healthcare system: in part, suboptimal outcomes relative to investment; high variability of practice; health disparity and access issues; and unsustainably rising costs. Key recommendations from the meeting are currently being prepared.

**Working Groups**

Communication and collaboration among AMIA members is key to advancing the goals of the organization and its membership, and to improving the profession itself. Twenty-five working groups serve as channels through which current members can exchange information on specific areas of biomedical and health informatics with colleagues and become involved in the development of positions, white papers, programs and other activities that benefit the informatics community. Each working group also has an online community that facilitates interaction among members.

In 2012 AMIA implemented and released our social/community web capabilities (see [http://communities.amia.org](http://communities.amia.org)), which is tied to our membership database and allows existing groups and committees to utilize modern methods for communication and document exchange. AMIA Communities support the spontaneous development of interest groups among members. For readers who may be AMIA members, be sure to visit the website.

**Policy Activities**

AMIA, in coordination with its members, works with key decision-makers, policy-makers, and other health stakeholders to help shape public policy to address today’s ongoing biomedical and health informatics issues, such as ensuring availability of a trained informatics workforce, protecting funding for core biomedical and health informatics research and training programs and services and ensuring sound implementation of health information technology. AMIA sustains a vocal and noticeable presence throughout the National policy-making process. Of note is AMIA's Annual Hill Day where AMIA visits members of Congress and their staff to inform and educate policymakers on behalf of biomedical and health informatics programs and services. Throughout the year, AMIA submits comments and information in response to Federal agencies' requests for input to their rulemaking and governance processes and procedures.

**Industry Partners**

Corporate and organization partners and sponsors continue to strengthen AMIA's influence in the field. Supporters of AMIA programs, the Symposium, the Joint Summits, and exhibitors provided new opportunities for members and collaborative efforts. AMIA welcomed 30+ corporate partners and more than 70 exhibitors in 2012. The Deloitte-AMIA Health Informatics Maturity Survey offered insight about the current status of health informatics in the U.S. health care industry.

The AMIA Industry Advisory Council (IAC) continues to play an increasingly valuable role of catalyst for knowledge transfer, workforce development, and product research and development in (and around) the commercial sector. In 2013, the IAC will build on 2012 efforts to inform and drive discussions on informatics issues, such as: Advancement of the Secondary Uses of Health Data, (privacy and security, and data quality; Personalized Medicine (genetic based research and decision support models); Human Factors and Usability (CDS and DSS optimization, and clinical documentation and workflow).
The Academic Forum exists to serve the needs of post baccalaureate biomedical and health informatics training programs. It offers a place for academic leaders and faculty from 53 programs to discuss national research initiatives in informatics and its roundtable addresses objectives for education and research by facilitating collaboration across academic units. Membership includes 36 full members, 14 emerging programs, and 3 Affiliate members. The Forum has grown rapidly in membership, partly in response to the formalization of its rules of governance and the assumption of leadership roles by elected members. Forum members have assumed responsibility for planning their annual meetings and have established task forces that are addressing important educational and certification/accreditation issues that are related to the clinical informatics developments.

One of the major activities of the Forum has been the work to develop a consensus definition of biomedical informatics and to specify and endorse the core competencies for graduate-level training programs. These core competencies provide informatics training programs with a national framework for curriculum design so that every student attains the skills necessary to acquire professional perspectives; to analyze problems; to produce solutions; to implement, evaluate and innovate; and to work collaboratively (see http://www.amia.org/biomedical-informatics-core-competencies)


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NI2012: Advancing Global Health Through Informatics

The response from participants at the Nursing Informatics Congress was truly overwhelming. We heard it in the halls, from groups and one-on-one discussions. Meeting attendees were so pleased with the NI2012 experience — “Best meeting ever!” “Never been to one like it!” “Amazing sessions!” “Fantastic!” Perhaps most important comment of all — “Great learning and networking with people from around the world.”

This past June, nearly 600 attendees joined the IMIA Nursing Informatics Special Interest Group (IMIA-NI SIG) at the triennial gathering in Montreal, Canada. The Congress is the premier activity of the IMIA-NI SIG and AMIA was honored to co-host the meeting with nearly a dozen nursing informatics professional organizations. The meeting was organized and led by a stellar group of individuals in the international nursing informatics community. A special round of applause goes to our committee leadership—Heimar Marin, past chair of the IMIA-NI SIG, Patricia Abbott, 2012 Congress Chair and Editorial Committee Co-chair, Suzanne Bakken and Erika Caballero, Scientific Program Committee Co-chairs, Judy Murphy and
Lynn Nagle, Organizing Committee Co-chairs, Carola Hullin, Editorial Committee Co-chair, Polun Chang and Cornelia Ruland, Post Conference Co-chairs.

Attendees included nurses, midwives, care-givers, and scientists from around the globe and discussed the impact of informatics on care improvement, professional practice, health policy, and research. Financial support for the meeting from key sponsors included ANI, ANIA, CNIA, Canada Health Infoway, Canadian Institute for Health Information, Elsevier, IMO, Kanter Family Foundation, NiHi, nVoq, Philips and RTI. Thank you again to our generous sponsors that helped make the meeting a success!

Judith Shamian, RN, PhD, president and CEO of Victorian Order of Nurses; Victor J. Strecher, PhD, MPH, professor at University of Michigan’s Schools of Public Health and Medicine; and Patricia Flatley Brennan, RN PhD, professor at University of Wisconsin-Madison keynoted the meeting and dazzled attendees with their knowledge and wit. The Congress also featured poster, paper, and panel submissions from 38 countries—a truly global event.

**Award Winners and Proceedings**

There were several innovations at NI2012 including the availability of online proceedings for enduring educational content. For more information, visit the NI2012 website at [www.ni2012.org](http://www.ni2012.org). Be sure to check out the award winners noted below as well as the other Proceedings contributions.

**Best Student Paper**—Definition and Relational Specification of Work-around, Jennifer A. Browne, Carrie Jo Braden, University of Texas Health Science Center, San Antonio, TX, USA

**Distinguished Paper Awards**

- Workarounds Used by Nurses to Overcome Design Constraints of Electronic Health Records, Sarah A. Collins, Partners HealthCare, Wellesley, MA; Matthew Fred, Lauren Wilcox, David K. Vawdrey, Columbia University, New York, NY, USA
- Changes in nurses’ work associated with computerised information systems: Opportunities for international comparative studies using the revised Work Observation Method By Activity Timing (WOMBAT), Johanna I. Westbrook, Nerida J. Creswick, Australian Institute of Health Innovation, University of New South Wales, Sydney, Australia; Christine Duffield, RN PhD, University of Technology Sydney, Sydney; Ling Li, Australian Institute of Health Innovation, University of New South Wales, Sydney, Australia; William T. M. Dunsmuir, School of Mathematics and Statistics, University of New South Wales, Sydney, Australia
- Use of Narrative Nursing Records for Nursing Research, Hyeoun-Ae Park, College of Nursing, Seoul National University, Seoul, InSoK Cho Inha University, Incheon, Hee-Jung Ahn, Seoul National University Hospital, Seoul, South Korea

**Poster Palooza Winner** sponsored by AMIA NI-WG—Navigating telehealth in rehabilitation: One nurse’s orientation odyssey, Colleen A. Berding, Veterans Affairs Medical Center, St. Louis, MO, USA.


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**Canada’s Health Informatics Association (COACH)**

**Summary of Canadian Efforts to Advance Health Informatics**
Annual Conference -eHealth 2013: Accelerating Change

*eHealth 2013: Accelerating Change* will be held from May 26 to 29th, 2013 in Ottawa, Ontario. Conference tracks include the future of e-Health, impacts of e-Health and consumerization of e-Health. The conference program includes opportunities for attendees to learn from the practical experiences and lessons learned from others in the industry and include a showcase for interoperability, information exchange and innovation exchange. The conference is Canada’s largest and only National event and includes a tradeshow.

Patient Safety and eHealth Safety

COACH has developed eHealth Safety Guidelines that describe principles and practices that can help public and private sector organizations bring safety to eHealth software and solutions. The work is grounded in an eSafety culture development, risk management activities, human factors, incident response and reporting, an eSafety case methodology and instructive eSafety case examples, all focusing on enhancing patient safety practices. It is expected the work will lead to enhanced confidence in developing, implementing and using HIT in Canada.

Canadian EMR Adoption and Maturity Model

COACH, in partnership with provincial and territorial jurisdictions across Canada, has just developed and published an adoption and maturity model that provides a means to measure clinicians progress in using capabilities of their EMR to achieve clinical outcomes applicable to their practice. This 6 level model portrays the advancement in maturity as clinicians’ progress through the levels and is supported by an EMR functional categorization which was built from and reflects the four leading jurisdictions and their measurement of adoption that formed the basis of the Canadian model.

First Nations eHealth Convergence Forum

The Assembly of First Nations, COACH and Canada Health Infoway hosted a Convergence Forum in June 2012. The Convergence Forum helped First Nations people to develop and implement health projects that are aligned with First Nations priorities and principles and with jurisdiction infrastructure for EHR's. First Nations communities offer an extensive number of health services using telehealth and video-conferencing technology and are in the early stages of using eHealth solutions for community health care. One of the first results of the Forum is the chapter.

Resource Catalogue

COACH has developed a resource catalogue that provides an overview of its membership opportunities (e.g. individual and academic organizations), health informatics professionalism, key documents and white papers, journals, programs, and information about forums. Some of the services include:

- COACH membership opportunities
- Forums
  - Canada's Health Informatics Executive Form (CHIEF)
  - Canadian Telehealth Forum (CTF)
  - Emerging Health Informatics Professional Forum (eHIP)
  - (Note: - COACH's Clinician Forum will be added in mid-2013)
- Health Informatics Professionalism
  - HIP® Competency Framework
  - HIP® Core Competencies
  - HIP® Career Matrix
COACH recently held a symposium focusing on disruptive innovations in Vancouver, British Columbia in conjunction with the BC Health Information Management Professionals Society. Symposium presentations focused upon: citizen participation in online health, developing information services for patients, crowd sourcing, genomics and personalized health, privacy and sustainable software innovation. All presentations attended to the ways in which healthcare software could enable consumers to be more responsible, resourceful and accountable for their health care while at the same time supporting the clinician-patient partnership relationship. The symposium was a great success!

This is one of the multiple COACH regional symposiums and events that are undertaken every year, in partnership with jurisdictions or related organizations.

In summary COACH has had a productive and eventful year supporting health informatics in Canada.