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Strengthen information systems for improved health - Minister

The Minister of Health, Dr Aaron Motsoaledi has announced steps to strengthen health information systems to improve the health status of the entire population.

Officially opening Medinfo2010 last night, Motsoaledi announced a four-point plan to improve health information systems. The plan includes developing a strategy and framework for an integrated monitoring and evaluation function, the strengthening of district health information systems, ensuring reliable, quality data with access to real time information and the increasing of proper oversight.

"We will develop a strategy and framework for a comprehensive and integrated monitoring and evaluation function. An integral part of this is the development and enforcement of common standards, norms and systems across the country. It also includes clearly defining the roles for national, provincial, district and local levels in monitoring and evaluation.

"To develop standards, the South African Bureau of Standards is coordinating the drafting of a South African National Standard which defines data structures for a multi-application health smart card that is capable of operating in an off-line environment. This standard will go a long way in ensuring that such smart cards are designed in accordance with localised acceptable standards.

"We will strengthen the district health information

systems and use it as best practice for health management information in the entire country, also progressively designing and implementing an appropriate electronic health record for the country.

"Phase one of the electronic health record project entails research and conceptual development. The C3 consortium is finalising the various conceptual documents which may form the basis for the next phases. An efficient health information system is a critical component to the successful implementation of our national health insurance," he said.

"We will ensure that the quality of data we produce is reliable and that the systems allow access to real time information for improved planning and implementation. We are collaborating with various partners in the area of data quality assessment and improvement, using the South African Quality Assurance Framework of Statistics South Africa. We are also investigating the use of cellular mobile technology for reporting on HIV testing and counseling, linked to the district health information systems.

"One of the challenges contributing to poor quality of data is the shortage of people with the skills and experience to ensure the effective development and implementation of appropriate health information systems. Formal recognition of health Informatics as a discipline and formal accreditation of all health informatics courses and academic programmes is one of the steps to address this gap.



Health Minister Dr Aaron Motsoaledi announced a four-point plan to improve health information systems at the opening Medinfo2010 last night.

"We will strengthen our oversight over sub-national levels via supervisory visits and by incorporating information analysis into managers' performance agreements.

"The official statistics we are using for, for example, infant and child mortality, life expectancy, maternal mortality, HIV incidence and prevalence, tuberculosis incidence and prevalence, will come from a single official source with strong systems built in for rigorous quality control that will include a mechanism for users to table their problems and concerns."

The Minister said improving health information is high on the agenda of many countries

"This is because we need timely and accurate health information for, for example, patient management, disease control and prevention, service delivery, resources allocation and planning, monitoring, reporting and evaluation. We also need information to demonstrate whether our policies, strategies and interventions are effective in reducing the burden of disease. Most countries are busy finalising their progress reports on the Millennium Development Goals in preparation for the United Nations' meeting this year. The indicators for goals 4, 5 and 6 require information which is produced from health data collected through health information systems and health surveys.

"South Africa's health priorities are to improve the health status of the entire population and to contribute

to the government's vision of a long and healthy life for all South Africans. To achieve this, we are committed to work differently and in partnerships with other sectors to ensure better results in four strategic outputs. These are increasing life expectancy, decreasing maternal and child mortality, combating HIV and AIDS and decreasing the burden of diseases from tuberculosis and strengthening the health system's effectiveness. All four outputs require a functional patient and health management information system that is capable of providing real time information at all levels," he said.

"Working in partnership is absolutely necessary to achieve these outputs. For example, the HIV testing and counseling campaign aims at reaching 15 million people by July 2011. The private sector is expected to contribute to the campaign by assisting two million South Africans. I commend the Clicks Pharmacy Group for offering free HIV counseling and testing with government supplied test kits.

"I challenge you to reflect critically and openly the accessibility, appropriateness, affordability and cost-effectiveness of health information systems and information communication technologies. I also challenge you to their practical applications in local, less developed and resource constrained settings," said Motsoaledi.

He thanked the local organising committee for hosting this congress on behalf of the International Health Informatics Association.

Workshop on writing for publication

Representatives of IMIA's three official journals - the International Journal of Medical Informatics, Methods of Information in Medicine, and Applied Clinical Informatics - yesterday presented an important workshop on 'Writing for Publication in Biomedical Informatics Journals.'

"Publishing is the product of your work," said Dr Dominik Aronsky, who serves as Associate Editor of Methods of Information in Medicine, who chaired the workshop.

But, said Dr Nicolette de Kaizer, a member of the editorial board of the International Journal of Medical Informatics, writing shouldn't be seen as a task separate from one's research. "It's part of the process - and, like the research, it goes on for months and years.

"They are processes in parallel."

Dr Aronsky pointed out that "the good news is that we can all learn to write" - but cautioned that "there's no 'one-size-fits-all'."

One major aspect of scientific writing, of course, is the question of ethics, and Jan Talmon, editor of the International Journal of Medical Informatics, recommended the Committee on Publication Ethics - www.publicationethics.org.uk - as an important resource for authors wanting to learn about ethical issues.

The workshop offered delegates an introduction to the art of writing scientific papers, and, as Drs Aronsky said, was designed to provide encouragement for those who do: "Don't get discouraged if your manuscript gets rejected - just keep moving forward", he said.



Back (from left): Chris Lehmann, Associate Professor of Pediatrics and Health Information Sciences at the Johns Hopkins University, Jan Talmon, Associate Professor of Medical Informatics at Maastricht University, Dominik Aronsky, Associate Professor in the Department of Biomedical Informatics and Emergency Medicine at the Vanderbilt Medical Centre.

Front: Tze Yun Leong, Associate Professor of Computer Science at the National University of Singapore, Nicolette de Kaizer, Associate Professor in the Department of Medical Informatics at the University of Amsterdam.

Welcome to Cape Town – you are in good hands

"Welcome to Cape Town, Africa's most popular convention and event city," says Helen Zille, Premier of the Western Cape.

"We have world-class venues and hotels, which are supported by first-class infrastructure and a tradition of commercial and hospitality excellence.

"I was delighted when, during my term of office as Executive Mayor of Cape Town, the city was chosen as the preferred destination to the Medinfo conference in 2010."

This is the first time that the conference is held in Africa. It promises to boost exposure to grassroots healthcare delivery and the underpinning health information systems. This will open the door to new academic partnerships into the future and help to nurture a new breed of health informaticians.

Zille says Cape Town is home to some of the world's most spectacular scenery and unique experiences.

"Yet it is the diversity of the warm, welcoming people and the eclectic mix of cultures and traditions that make our city an inspired choice for hosting a conference of



Western Cape Premier Helen Zille has welcomed Medinfo2010 delegates to Cape Town.

this magnitude.

"The Cape Town International Convention Centre, situated in the heart of the city, beneath the slopes of Table Mountain and close to the vibrant Victoria and Alfred Waterfront, is a truly world-class venue for this conference, offering state-of-the-art facilities.

"I wish you a truly memorable conference in Africa's greatest city – enjoy all that we have to offer," said Zille.

2010 IMIA General Assembly - Cape Town, South Africa



The General Assembly of the International Medical Informatics Association (IMIA) was held at the Cape Town International Convention Centre yesterday, ahead of Medinfo2010, which was opened by South Africa's Minister of Health, Dr Aaron Motsoaledi last night. With the beautiful city of Cape Town as backdrop, the assembly had the perfect setting for solid, yet lively and fruitful discussions.

All systems go for Medinfo2010



Delegate registration at Medinfo2010 opened at 12:00 in the Cape Town International Convention Centre yesterday.

Note – changes to congress programme

Cancellation

Paper 447 User Training of Patient Information System – Longitudinal Study in Central Finland Usability Evaluation Tutorial

Author change

Paper 628 Can F-MTI semantic-mined drug codes be used for Adverse Drug Events detection when no CPOE is available? B Merlin, E Chazard, S Pereira, E Serrot, S Sakji, R Beuscart, S Darmoni - Emmanuel Chazard and Suzanne Pereira to present

Paper 739 ETR.Net and EDRWeb: Surveillance Tools for Standard and Drug-Resistant Tuberculosis (P Maree, M Naicker, J Ferguson) - Conrad du Toit to present

Poster Changes

Poster 447, 246 and 499 have cancelled

Poster 321 moved to session 14, on Tuesday, 14 September, 17:15 to 18:45

Poster 358 moved to session 14, on Tuesday, 14 September, 17:15 to 18:45

Panel Changes

Monday, 13 September 2010

Panel 189, Health Information Systems moved to Monday 13:30 – 15:00, Room 2.6.4 & 2.6.5.

Tuesday, 14 September 2010

Panel 733 has moved to Tuesday from 13:30 to 15:00

Panel 413 has moved to Tuesday from 13:30 to 15:00 in Audi 1

Informatics key to improving national health systems – WHO



eHealth and its applications and services improve the quality of healthcare, expand access, contribute to equity and contribute to reduction of the cost of health services - Dr Najeeb Al-Shorbaji.

Medinfo2010 - twenty years in the making

It's taken more than twenty years to bring the Thirteenth World Congress on Medical and Health Informatics - 'Medinfo2010' - to Africa.

"It began in 1985," says the vice-chairperson of the Local Organising Committee, Brenda Faye. "Somewhere I have an old photo of the day six of us and our partners came up with the idea over a ploughman's lunch at Groot Constantia (a popular and historic landmark in Cape Town).

"That was Roger Alger, Otto Reinhoff, Marion Ball, Vic Peel, Michael Power and me... and now in 2010, all of us except Vic and Michael are here at Medinfo at the Cape Town International Convention Centre."

She said that the current event was the result of South Africa's second bid for the congress, and that it was appropriate that Medinfo2010 should happen in Cape Town - "because Africa's time has come."

In the run-up to the successful vote for South Africa, she said, the country - and the continent - faced major challenges. "Africa wasn't recognised as a region by

IMIA, even though South Africa was one of the first ten countries to join the organisation - which we did in the early eighties."

It was important, too, that Medinfo should take place in Africa, because "there's often no money to pay people in the public sector to attend training in medical informatics" - but that those professionals who have come to the congress will enjoy unprecedented exposure to an enormous brains trust.

"On the other hand, people in the private sector (and especially in the medical aid industry in South Africa) understand that they couldn't do their jobs without information technology, and, in places in Africa, we use cell phone technology more than they do in some advanced European countries."

So while IMIA's four other regions have much to offer Africa - Africa has much to offer the world.

"And that's why, although it's being held in the shadow of Table Mountain, it's an African congress - and not just a South African congress," she says.



Local Organising Committee member Brenda Faye says Africa's time has come and that it is appropriate that Medinfo2010 should happen in Cape Town.

Informatics is key to improving national health systems and helping developing countries reach the Millennium Development Goals.

Addressing Medinfo2010 delegates at the opening plenary last night, Dr Najeeb Al-Shorbaji, Director, Knowledge Management and Sharing at the World Health Organization said holding the congress in Africa for the first time in its history carries a lot of significance in many ways.

"Putting politics aside and focusing on Africa's strides in health and development, the congress comes timely when reports from different sources indicate progress in many health indicators while Africa still lags behind in terms of achievement of the Millennium Development Goals by 2015.

"The African region of WHO still has the highest maternal, neonatal and under-five mortalities, estimated respectively at 900 deaths per 100 000 live births, 45 deaths per 1 000 live births and 145 deaths per 1 000 live births. The weakness of national health systems in the region remain a matter of concern for all those who care about the health of people in Africa. Most African countries face the challenges related to inadequate financial and human resources and limited access to quality essential medical products and technologies including essential medicines, clinical laboratory services and diagnostic imaging services. The shortage of the health workforce continues to be most acute in Africa, with the majority of countries facing critical human resources for health issues."

Looking at the African telecommunication indicators from the International Telecommunication Union, he said only 3,77 percent of the population has access to fixed telephone lines, while 27,48 percent has a mobile line subscription and internet users in Africa represent only 5,34 percent of the African population. Looking at the personal computer penetration rates at a global level, statistics show that only 12,97 percent of the world population benefit fully from this technology. This is compared to a penetration rate of 1,6 percent in Africa, 34,04 percent in the Americas, 29,24 percent in Europe, 6,37 percent in Asia and 50,84 percent in Oceania.

He said the role of informatics as a tool for information management includes quantitative, qualitative and strategic benefits. "There is enough evidence to make us believe that eHealth and its applications and services improve the quality of healthcare, expand access, contribute to equity and contribute to reduction of the cost of health services.

"The adoption of the World Health Assembly resolution on eHealth in 2005 by WHO member states came as a recognition of the role of eHealth in strengthening health systems, improving health services, reaching out to remote communities, enhancing the capacity of health workforce and health promotion. The eHealth resolution did not only give legitimacy to the concept itself but also defined the scope, the potential stakeholders, the role of governments and the private sector, and the need for legal, ethical and regulatory frameworks for its implementation."

At the 60th session of WHO Regional Committee for Africa which took place in Malabo, Equatorial Guinea two weeks ago, the WHO Regional Director for Africa said: "eHealth can contribute to health systems strengthening in several ways by improving the availability, quality and use of information and evidence through strengthened health information systems and public health surveillance systems."

Al-Shorbaji said convening Medinfo2010 under the theme of Partnerships for effective e-Health solutions with a particular focus on how innovative collaborations can promote sustainable solutions to health challenges, carries a lot of importance. "Partnerships within countries as ministries of health must work in full alliance and cooperation with ministries of information and communication technologies and ministries of finance. Partnerships between the public and the private sectors represent the way forward to build the information infrastructure in general and the eHealth applications and services in particular. One pillar in the WHO strategy to support national eHealth programmes is to build partnerships among all stakeholders including the government, the private sector, the UN agencies, the media, the non-government organisations and the citizens being in the heart of eHealth activities."

The team that made it possible



The backroom boys and gals – the local organising committee, from left Vuma Magaqua, Brenda Faye, Roy Alger, Sedick Isaacs, Lyn Hammer, Chris Cockett and Johan Odendaal.

The South African Health Informatics Association, host of the 13th World Congress on Medical and Health Informatics, promotes the professional application of health informatics in South Africa.

"We are honoured to welcome more than 1 200 delegates from over 70 countries to experience the level of professionalism in a very important industry," says Lyn Hammer, Chairperson of the local organising committee.

"In South Africa we have developed medical and health informatics to a very professional level. However, the sharing of knowledge is always a two-way street.

Therefore, we also look forward to gaining valuable knowledge from our colleagues from the rest of the globe. We will do our utmost to merge this gained knowledge with our own and to apply this in our country where we are striving to extend medical care to as broad a base of our population, spread-out over our vast country.

"We trust you will enjoy your stay in our country where our rainbow nation speaks in 11 official languages, yet fly one official flag. Open your mind to South Africa's warmest welcome."

Social media hits medical informatics

The medical informatics community has been hit by the social media.

Research shows that 37 percent of American adults access user-generated online health information. Using social media, consumers build online support communities.

In a workshop at 17:15 this afternoon in 1.4.1 and 1.4.2, presented by the IMIA Consumer Health Informatics working group, participants will experience and discuss the formation of an online community.

They will also discuss research findings regarding potential benefits for underserved populations, privacy risks, ethical considerations and the evaluation of online communities.

The particular social media used in the workshop will be an e-mail list, a message board, a blog, a Facebook group and Twitter.

In a workshop in 2.4.4 and 2.4.5 the establishment of a network of networks through collaborative development

will be discussed. Again, social networking tools are examples of emerging applications for health informatics, as are mobile phones and open source software.

This session will disseminate the work of the IMIA Working Group on Health Informatics for Development and the different eHealth networks that have been formed globally and their work on health informatics.

The value of eHealth will be discussed in 2.6.1 and 2.6.2, with specific emphasis on international perspectives on measuring the value of eHealth investments.

As there is no recognised right way to approach it, NHS Connecting for Health has sponsored the development of a Benefits Realisation & Achievement International Network (BRAIN). It consists of health informatics experts and executives responsible for eHealth programmes at regional or national levels. BRAIN has explored a number of challenging topics, including the measurement of eHealth benefits. This workshop will investigate varying approaches to measuring benefits.

Sponsors made it possible

The members of the Medinfo2010 organising committee might have made it happen - but the sponsors made it possible.

Like all events of its nature, Medinfo2010 has been an expensive affair, and, said Brenda Faye, vice-chairperson of the local organising committee, cash-flow was always going to be a challenge.

"We were unfortunate perhaps, because the worldwide economic crisis began to bite just as we began our search for sponsors - and sponsorship is the first thing that goes when companies cut their budgets," she said.

Nevertheless, "loyalty and friendships" won through - and the event was able to go ahead because of the involvement of sponsors, supporters and donors - all of whom have a relationship with the congress that goes beyond the mere provision of cash.

"Our gold sponsors are iSOFT and IBM's research wing in the USA," said Faye - who noted that keynote speaker Dr. Marion Ball is IBM's Research Fellow, and that iSOFT is one of the world's leading healthcare software companies.

"Our silver sponsors are Meditech, whose CEO, John Tresling, served as IMIA's treasurer about twenty years ago."



She said that the Rockefeller Foundation, the IDRC and the CDC (Centre for Disease Control and Prevention) have sponsored delegates, and that other sponsorship and support has come from PEPFAR - the United State's Presidency's Emergency Plan for AIDS Relief - South Africa's National Department of Health, BCS (the Chartered Institute for IT), and the CHIRAD Foundation.

Washington DC hosts AMIA 2010

The annual symposium of the American Medical Informatics Association (AMIA) will take place in Washington DC from 13 to 17 November.

This annual symposium provides a wide range of formats for education and discussion. Papers and posters present peer-reviewed state-of-the-art scientific and technical work.

Themes to be discussed at AMIA 2010 include:

- Clinical decision support, outcomes and patient safety
- Clinical research informatics
- Consumer informatics and multiple personal health records

- Global eHealth
- Informatics in clinical education
- Policy and ethical issues
- Imaging informatics
- Translational bioinformatics and biomedicine

Keynote addresses will be delivered by Susan Dentzer, editor-in-chief of Health Affairs and David Blumenthal, National Coordinator for Health Information Technology, US Dept of Health & Human Services.

For more information or to register visit www.symposium2010.amia.org/

Cape Town – what MedInfo delegates can see or do



Robben Island near Cape Town is a World Heritage Site.

Delegates at Medinfo2010, the first Medinfo to be held in Africa, are representing more than 70 countries.

Apart from the top class conference programme, of course, delegates have a wide variety of tourist experiences in and around Cape Town to choose from, which Medinfo Daily News investigated.

Here are some of the major attractions in and around Cape Town.

Table Mountain & cableway

The top of Table Mountain offers spectacular views in all directions and gives a birds eye view of the city. The upper cable car station is situated at 1 067 metres and the revolving cablecar makes sure that your trip up and down gives you a good look in all directions.

Once on top you can follow paths to various look-outs, make use of the telescopes and enjoy a light meal or simply a sundowner drink in the restaurant. In summer, early evening is a great time to plan your trip as the sunsets are beautiful. Regardless of the weather, take a windbreaker as it can often be cool on the mountain top.

Robben Island

The famous Robben Island, whose prison was once home to former South African President Nelson Mandela as well as many other political freedom fighters, is now a World Heritage Site and provides stunning views across the bay with Table Mountain as its backdrop. A trip to the island is an unforgettable experience and offers a glimpse into the life and times of the apartheid era.

Daily tours to the island include the ferry trip there and back, an island tour and a tour of the prison with a former political prisoner as your guide. Allow three and a half hours for the trip (this includes the 1/2 hour ferry trip each way) and book in advance. Ferries leave at regular intervals throughout the day from the Clock Tower precinct at the V&A Waterfront.

Kirstenbosch National Botanical Garden

The beautiful Kirstenbosch gardens cover an area of 528 hectares with 36 hectares of cultivated garden. The gardens are a celebration of South African flora - showcasing only indigenous South African plants. Fynbos, proteas, cycads and rolling lawns are intermingled with streams and ponds and well-laid out pathways for easy walking. A great variety of birds inhabit the gardens and the sweeping views from the upper slopes are spectacular. Whether for a casual stroll, a more strenuous walk or a lazy picnic, the gardens are a must-see when visiting Cape Town.

Cape Point and Table Mountain National Park

At the tip of the Cape Peninsula you will find Cape Point

within the Table Mountain National Park. The expansive Table Mountain National Park stretches from Signal Hill and Table Mountain in the north to Cape Point in the south and encompasses the seas and coastline of the peninsula. Within Cape Point the treacherous cliffs forming the most southwestern tip of Africa are some of the highest in the world and mark the spot where the cold Beuguela current on the West coast and the warm Agulhas current on the East coast merge.

Inside the reserve you will find a variety of animals including buck, baboons and Cape Mountain Zebra as well as over 250 species of birds and indigenous flora that is found nowhere else in the world. Take a scenic drive, stop at one of the many picnic spots and tidal pools and travel to the lighthouse lookout by funicular or on foot for spectacular views.

V & A Waterfront

For shopping, dining and entertainment the V&A Waterfront is a hotspot for tourists and locals alike. Still a working harbour, the Waterfront is an example of creative architecture and restoration and has become South Africa's most visited tourist attraction.

The Waterfront offers over 250 shops from designer boutiques to craft stalls, a host of restaurants and coffee shops and plenty of other activities. Children will love the Two Oceans Aquarium and the Telkom Exploratorium. The SA Maritime Museum has interactive displays, the history of local shipwrecks and more and the new Nelson Mandela Gateway in the Clock Tower precinct exhibits historical and educational material relating to Robben Island.

Enjoy a drink at one of the many waterside pubs and restaurants, shop till you drop, or relax and enjoy the variety of live entertainment that is always on offer. There are also a number of harbour cruises and sundowner cruises that depart from the Waterfront.

Township tours

A visit to one of the many townships surrounding the city is an experience that will open your eyes to the way in which the biggest portion of Cape Town's population is living. Despite difficult circumstances and poor living conditions, you will experience the vibrancy and spirit of the South African people.

Take a township tour of Langa, the oldest township in South Africa or Khayelitsha, the second largest township in South Africa. Township tours will usually be co-led by a resident in the area, showcase local industry and community projects and include a visit to a township bar or 'shebeen'.

For more information visit www.aboutcapetown.com.