MINUTES

Present:

Board:
Lincoln de Assis Moura Jr., President; Antoine Geissbuhler, Past President; Liaison Officer to ISO (LM) Liaison Officer to WHO (AG)
Lyn Hanmer, Secretary (LAH) Sabine Koch, Treasurer (SK)
Hyeoun-Ae Park, President-elect (HAP) Christoph Lehmann, VP Services (CL)
Michio Kimura, VP Membership (MK) Monique Jaspers, VP Special Affairs (MJ)
Tze Yun Leong, VP WG’s & SIGS (TYL) Peter Murray, CEO (PJM)

Regional Vice Presidents to IMIA:
APAMI, (Helen) Ying Wu (YW)
EFMI, John Mantas (JM) IMIA North America, John Holmes (JH)

Liaison Officers:
Hiroshi Takeda, Liaison Officer to IFIP (HT)

Apologies:
Alvaro Margolis, VP Medinfo (AM)
HELINA, Ghislain Kouematchoua (GK)
IMIA LAC, Amado Espinosa (AE)

Absent:
MEAHI.

Agenda item

1. President’s Introduction & Welcome (LM)
Welcome to the meeting. First meeting as President.
(count on guidance from those who have been involved before)
Interesting how (really) international this group is. This reflects the way we work. Very good for all of us.

2. Approval of Agenda; additions & changes (LM)
Additions and comments:
Two changes to running order: join GK and AM by skype. Do these reports after lunch: 13h30 – HELINA. 13h45 – VP Medinfo.

Two additional items arising from the meeting on 25 April 2014 with the EFMI Board:
1. Value of Medinfo conferences. For discussion under item 9: report of the VP Medinfo.
2. Value of membership of IMIA. For discussion under item 16: other business.

That the agenda be approved as amended.
Moved: CL
Seconded: AG
Approved.

3. Approval of Minutes and Action Items:
The minutes and a list of action items had been distributed.

Apology from Secretary for late distribution of the minutes
Correction: The VP-APAMI report had been presented by YW and not MK.

Action item not addressed elsewhere:
MEAH1: There had been action items from the last Board meeting. HT had received some information. For discussion under item 15: reports of the regional Vice Presidents to IMIA, or item 16: other business.

That the minutes of the Board meeting held on 19 August 2013 in Copenhagen, Denmark, be approved as amended.
Moved: CL
Seconded: AG
Approved with 1 abstention

4. President’s Report and Report of the Liaison Officer to ISO (LM)
A written report had been distributed.

- Strategic Planning Task Force:
  - A wonderful experience and a challenge to lead this work.
  - Everyone worked very hard.
  - Multiple online meetings were held.
  - This was a successful task force – there have been some problems with task forces in IMIA but this one was successful. Proved that working in task forces is possible in IMIA.

- Specific focus on advertising IMIA and Medinfo2015 in Brazil and elsewhere in Latin America. LM also attended smaller meetings not specifically mentioned in the report.

- ISO liaison: LM is no longer an active member of the standards community – no time. It should be someone linked to the standards community who can represent IMIA.
  - MK does participate actively in ISO meetings and is prepared to act as IMIA liaison.
  - MK is also liaison from IHE to ISO – no conflict.

- MEAH1: Contact with RM: LM wrote a letter; no reply received.
  - We will wait for comment from HT
  - There is much more effort than results in this matter.

Thanks to AG and PJM for advice and guidance; thanks to Brenda Faye (BAF) for support in SPTF.

That MK represent IMIA as IMIA liaison officer to ISO
Moved: AG
Seconded: CL
Agreed.

That the report of the President be accepted.
Moved: SYL
Seconded: JH
Approved with 1 abstention.
There was no report on liaison to ISO.

5. Secretary’s Report (LH)
A written report had been distributed.

State of the Board: A comment on future developments in the Board will be included in the next report to the Board and GA. This will also be linked to the nominations process.

Changes to Board membership:
- Add new IMIA-LAC representative.
- It was noted that there were several Board members participating for the first time.
  (Round of introductions.)
  (HW provided sweet snacks)

That the report of the Secretary be approved as amended.
Moved: SK
Seconded: MJ
Approved with 1 abstention.

6. Treasurer’s Report (SK)
The following reports had been distributed prior to the meeting:
1. Auditing of accounts 2013
2. Current financial overview
3. Revision of the 5 year budget

Acknowledge that the Medinfo2013 experience underlines that it is important that IMIA has a no risk policy. There has been income which could cover loss from Medinfo 2013.
Lessons from Medinfo 2013?
- Discuss this under Medinfo.
- SK suggests that there be rules related to Medinfo contracts.

Brief summary of Medinfo 2013 situation (PJM)
- Medinfo2013 as a conference was very successful.
- PCO declared bankruptcy about 1/12 after Medinfo2013.
  - SK has contacted several other organisations affected. There was no advance warning.
  - Stig also indicated that there had been no warning signs.
- PJM had much contact with the LOC.
- Information sent to liquidators as required. Liquidation under Swedish law.
- CL suggests that we look for potential fraud; civil suits. PJM has not seen any indication in this regard. SK will follow up in Sweden to find out about this issue.
- Danish Society then had to declare bankruptcy as an organisation.
  - PJM sent information to their liquidators.
  - The liquidation process is under way under Danish law.
  - There may be the possibility of recouping up to 20% of claims.
  - Total claims: main revenue sharing from Medinfo; reimbursement of costs of IMIA yearbook distribution; reimbursement of SPC and EC costs – minimum $90K-$100K.
- The loss to the Danish society is much larger than to IMIA.
  - There is work towards forming a new Danish organisation
  - CL notes that we need to support the Danish colleagues as IMIA.
  - There is still involvement in IMIA in other roles by colleagues from Denmark.
- Note that there were also students who did not get reimbursed. Were there other individuals who have been affected?
  - Where is the information?
  - Queries have come to Dominik.
  - TYL to obtain information as far as possible, also from Ameen who was responsible for the student paper competition.
  - SK will follow up with the Danes specifically on this issue.
• As IMIA, maybe we could find opportunities to support the students involved, especially those left personally out of pocket.
  ➢ For tutorials – responsibility is with LOC.
  ➢ For EC: everything has been covered.

IOS Press is also a creditor. As a result, Medinfo 2013 proceedings are currently not open.
➢ PJM has had some discussions with IOS press.

Note financial report – this is preliminary still. This is for information and comparison only.
➢ Note the budget outcome due to Medinfo and other issues.
➢ Collection of fees: invoicing is ongoing. Note comments in SK and PJM reports.
  • There have been some challenges due to EH database problems.
  • There have been payments.
  • Academic membership to be considered in relation to accreditation – there has been a proposal that academic members be offered reduced cost on accreditation process. This has been suggested, especially for new programmes. To be discussed under accreditation.
  • There is potential income from other projects – still planned in terms of SPTF proposal.
➢ SK would like to move towards project accounts also, over the life of projects. This has not been possible to date due to system limitations. This would also facilitate reporting to the GA.
  • We need EH to make new accounts for each project.
  • This is standard accounting practice.
  • PJM has discussed with EH. The challenge is to change accounts retrospectively in terms of accounting rules.
  • It should be easy to create new lines for new projects.
➢ SK will prepare a summary report for the GA to reflect the current projects and plans in relation to the strategic plan – currently reflected as having a budget of $200K.
  • The current reports do not reflect the strategic plan amounts specifically. This was highlighted in discussion on previous reports, e.g. at Copenhagen.
➢ TYL – budgets for WGs and for website? This is pre-allocated. Amendments as required can be proposed to the Board.
  • Budget has to be approved by the GA.
  • Can make requests within the approved budget.
  • Specific requests for additional funding could be entertained, depending on the value, without formal GA approval.
➢ JH: question about the negative income from investments reflected. SK to follow up.
➢ Income from Medinfo’ s: there is typically some income that comes through in the year after the Medinfo due to time to closure of accounts.
➢ Note that the practice to date has not been to charge interest on loans made within IMIA.
➢ Another lesson learned is that it is important to take account of the potential for repayment of loans.
➢ CL: IMIA should consider insurance for directors and officials. Note the model from AMIA (CL and JH). This is not cheap, but could be worthwhile for IMIA. PJM was requested to follow up. The risk is low at present, but not zero. We would likely have to work under Swiss law.

_That the report of the Treasurer be approved._
Moved: HAP
Seconded: MJ
Approved with 1 abstention.

7. Report of the CEO (PM)

_A written report had been distributed._

CL, PJM: Note that there have been problems with mail being sent to Switzerland. Swiss address is required for IMIA registration purposes. However, PJM always requests specific deliveries to his address rather than the office address.

There has been no feedback from Charlie Safran on the ‘trustworthy use’ project. This could be
Standards work at WHO:

- IMIA had been represented by PJM and AG at a meeting of WHO collaborating centres in eHealth and related NGOs in Geneva in the week prior to the Board meeting.
  - There were provisional discussions about next steps.
  - There is to be a suggestion of a related event with Medinfo2015. Consider a special stream.
- There is a need to consider a more integrated approach between WHO and IMIA.
- AG notes that this is an attempt by WHO to create better communication and coordination between collaborating centres and NGOs in relation to specific issues.
  - Only three of the collaborating centres could join: Tromso, Geneva, CDC.
- It could be that IMIA could provide support in linking WHO-level and collaborating-centre and NGO-level activities.
- One of our challenges at WHO is to link to the appropriate people within the organisation.
- This relates also to how to link with WHO at the regional level.
  - For WHO, we should consider how to influence WHO to work more effectively with IMIA. There are also related activities within WHO.
  - For discussion under IMIA liaison report.

Challenge for IMIA:

- How to link the WGs
- How to link the WGs to potential projects identified by IMIA
- How to link the multiple activities within IMIA as required.

LM is moved by the way that everyone is considering everything related to IMIA. This is very important because it reflects that we are moving to a strategic point of view.

LM: IMIA website and IMIA eServices: how do we proceed?

- There has been the establishment of the Social Media WG.
- However, there has been limited response to requests for requirements from WGs.
- It does depend on WGs to make inputs, e.g. to update information.
- MJ notes that social media would also be important in advertising the accreditation process.
- CL has been active, with PJM.
- CL: there is a need to have project plans and have people held responsible to carry out project plans. Note AMIA practice – there are different approaches required; this could be a way of improving value.
  - This is included in the SOPs for WGs developed by HAP.
  - BAF could do this as part of support for WGs.
  - Consider having Board members ‘adopt a working group’.
  - For discussion under VP report.
  - LM agrees that we should approach BAF as a paid person.
- HAP suggests that if there are panels for a conference, for example, that they should go through the related WG; potentially could require proposals to be endorsed by the WGs – this would require amendment of the application processes.
- This could also be a ‘vitality check’ for working groups.
- Note also the previous practice of the Education WG of having annual meetings
  - note the work being done
- WG updates on Web: only done by two of the WGs; else CEO has to do it currently.
- Do need links to WG websites when WGs have their own websites.
- There has been the functionality for updating on IMIA web presence for some years.
- Follow up needs to be done regularly.
  - PJM to follow up with BAF about doing this work.
  - Some of these follow ups could be done automatically by mail, but direct contact by a
person is required.
  o Overall, there needs to be tighter control of WGs (and member societies). There is an annual reminder from the CEO to all groups, but there has been very limited response to date.
  o We should try to do this more effectively if it is important for IMIA.

HAP notes that direct contact between VP WGs and WGs is an important way of making links with the WGs.

LAH: PJM contract; and functions within contract: LAH suggests that this issue be followed up.

CL notes that there are specific people responsible for communication in larger societies; there are links with these people where known.

JH suggests that an IMIA group be set up on Facebook. A Facebook group would have a different constituency. This would be limited cost to set up.

There is a LinkedIn group but there has been very limited activity.

LM indicates that we need to hire someone to do this specific service if required. This may be the best way to achieve the requirement.

LM: thanks to PJM for keeping the IMIA newsletter. People do read it, even though there may not be specific responses on the newsletter.

*That the report of the Chief Executive Officer be approved.*

Moved: CL
Seconded: JH
Approved.

8. Report of the VP Membership (MK)

A written report had been distributed.

There had been enquiries from two potential member societies and two potential academic members, but no formal applications have yet been received.
When applications for corresponding membership are received from countries where there are already member societies, applicants are referred to the relevant member societies.
Danish society membership has ceased following the dissolution of the organisation due to bankruptcy.

Note new representatives of member societies as noted in the report.
Note the summary of membership status.

Note member societies which are in arrears with fees. Also noted in CEO report.
Note the potential for new members from various countries.
There is the intention of APAMI to encourage participation in APAMI 2014 from potential member societies currently not members of APAMI.

JM: Association of Greece: Biomedical Health Informatics Association. Formal correspondence will be sent.

MJ: Peru and Saudi Arabia: applications for new academic members. The institutions involved currently do not offer teaching in Medical Informatics. There is also clarification required on the membership status of institutions which apply for accreditation as some of these are not current IMIA Academic members and different fee levels apply.

There needs to be follow up with the Indonesians who have requested accreditation at APAMI2014 if necessary.

Societies in arrears with fees:
  ✓ Italian society is currently in arrears also with EFMI. Their membership would be suspended by EFMI during the EFMI GA in Budapest.
  ✓ Ivorian society – Had paid for some years.
Malawi and Nigeria – no response to correspondence.
Peru: LM will follow up with Walter Curioso.
Togo – send email to Koumaada Walimba Badombena-Wanta
Johns Hopkins: CL suggests that information be sent to Harold Lehmann.
Ask regional VPs to follow up.
Inform the societies in arrears that there will be a recommendation to the 2014 GA that their membership will be considered for termination unless there is a change in status.

LAH suggests that we find a way of encouraging and improving interaction with corresponding members. For example, Eustache Muteba in DRC has been very active and reports to IMIA regularly.
BAF has been in contact with all the corresponding members this year, to ensure that we have an updated list of Corresponding Members. This is the first step.
Note that one of the aims of having corresponding members is to move towards member societies in the countries concerned.

Note that there is also the issue of the issue of representativeness within a country. The potential IMIA role should be discussed in relation to value of IMIA membership.

That the report of the VP Membership be approved.
Moved: LAH
Seconded: JM
Approved with 1 abstention.

9. Report of the VP MedInfo (AM)

A written report had been distributed.
The VP Medinfo was unable to attend the meeting.
A skype connection was made to enable him to present his report and participate in the discussion on this issue.

Apologies from AM for not being present at the meeting. Will be present in Delhi.

Medinfo2013 report; and issues arising
Details are in the VP report.
Note the problems which have arisen after the conference due to amounts payable to IMIA; access to Medinfo2013 proceedings.

There has been a discussion about the issues earlier in the day.

PJM and AM have also followed up with each other.

Access to Medinfo2013 proceedings: money owing to IOS Press is $19000 approximately. Some payment from IMIA might make it worthwhile for IOS press. But this could alienate IOS press in relation to future Medinfo proceedings. But the proceedings are owned by the Danish Society. Or this could be part of future negotiations about Medinfo2015 proceedings.

Payment for delivery of proceedings is between IOS Press and the Danish Society. IOS press to seem to be positive about considering the Medinfo2015 proceedings, but may require some payment in advance in view of the 2013 experience.
The decision of IOS press may be influenced by what comes out of the Danish organisation liquidation.
Proceedings are not an IMIA responsibility in fact.
Note that there is an obligation to the people who submitted papers also. CL would like to see that we revisit what would be required in order to make the proceedings open access.

LM: proposal that IMIA make money available for open access; that IOS Press be requested to make the proceedings open. CL requested to approach IOS press. CL will approach IOS, also with PJM. From EFMI discussions, there is a need to take account of other debtors. However, IMIA is not the debtor, and IMIA is not taking responsibility for other debts. CL will obtain legal advice before approaching IOS press.
But there is a waste of value for IOS Press. PJM needs to look at the figures. Originally, proceedings were not going to be made open access. IMIA has agreed to fund the difference between the cost of making the proceedings available, and available open access. CL would appreciate instructions from the Board to inform negotiation. Establish upper limit today.

*That CL negotiate with IOS press to make Medinfo open access and that IMIA pay a maximum of $5000 towards the cost of making Medinfo2013 proceedings open access, should payment be required.*

Moved: TYL
Seconded: SK
Agreed.

- Medinfo2015 update

**Medinfo2015 operational issues:**
- Work is going well; working well with the committees and CEO related to Medinfo2015.
- Note the project timelines in the report submitted.
- There have been some changes in the conference planning to facilitate the planning.
- There is working well with the SPC.
- There will be a formal template, once there has been a decision on the publisher. CL has been working with the new EC chair to share experiences.
- Three alternatives for publication are being considered: IOS, Schattauer, directly to PubMedCentral. The current thinking is towards IOS press. A decision is required in the next few days.

There have been discussions in other reports.
Call for submissions is due open in about three weeks’ time.

CL is talking also to Schattauer also about the possibility of taking over some of the role with CL performed for 2013. Schattauer would not expect to be paid up front. Hope to have something concrete by the end of the week. CL expects that Schattauer would work with (effectively) existing formatting requirements. PJM needs to be on both sides of the border.
There was still a further round of editing by the publisher before final publication. CL has tried to negotiate on this process with the publishers.

Theme of Medinfo2015: there is a suggestion about changing the wording of the theme – eHealth enabled health or: eHealth enabling Health; enabling health through eHealth. LM will take the recommendation to the LOC. Proposals to be made to the LOC within one week.

*That the Board recommends to the LOC that a new wording for the theme for Medinfo2015 be sought to clarify the theme, and that the SPC co-chairs be informed.*

Moved: JH
Seconded: HAP
Agreed.

- Medinfo2015 strategic issues:
  - Languages: see page 3 in report.
    - There are proposals from AM, not only for Medinfo2015, but also for Medinfo’s in other areas, in order to improve accessibility to people from the region which is hosting a Medinfo. Included in this is the need to use also other regional languages in some specific components of the conference.
    - The LOC for 2015 has already taken these requirements into account in budgeting.

Conference must engage the intended audience:
- For future Medinfo’s, support for the writing of papers is essential to improve accessibility; also attending electronically participation of people not physically, and people attending but who wish to attend additional sessions.

Cost of conference attendance
- Conference fees are very challenging for many potential attendees.
- This issue will be of significance also for 2017.
AM recommends that these issues be considered specifically in the planning for Medinfo’s.

- LM: discussion with Europeans: there is a need to discuss the value of medinfos
- There needs to be a task force to discuss Medinfo’s. AM confirms would be willing to participate in such a task force.
- HAP: what about SPC members. Track chairs: HAP says include NI person. HAP would also like to see topic-based choice of members and not only regions.
- PJM: listing is by regions, but skill and topic and gender mix has been taken into account. Co-chair is an NI person, and there are NI people among the SPC. There is specific representation from WGs.
- HW: thank you for suggestions. Will take suggestions to the CMIA Board. CMIA has assigned a professor from Beijing to participate in the activity.

**16 (4) Medinfo2015-AMIA2015 interaction (Chris Lehmann)**

- The plan is to follow the model used in 2010 to cross promote the two conferences. CL is the chair of AMIA 2015. Would there be interest in this process between the two conferences?
  1. This sounds like a great idea and an opportunity for IMIA.
  2. AM agrees that there should be cross promotion.
  3. AM indicates should link with PJM about this process.
  4. There will be promotion in INFO-LAC this year also.
  5. PJM worked with the relevant people in 2010, and will follow up for 2015, building on the 2010 experience.
  6. LM says we need a flash mob to promote Medinfo in Brazil. LM will follow up with AM.
  7. From EFMI/IMIA meeting: Value in Medinfo? E.g. prefer to go to MIE than Medinfo. Do need to look again at Medinfo to increase value and perception of value.
  8. LM proposes a task force on value of Medinfo’s: to be led by AM; CL to be asked to participate; Ann Moen from EFMI is prepared to participate.

**Medinfo2017 update**

- There is a need to start considering how to transition into 2017
  - Someone from the APAMI region should be leading the organisation of the 2017 Medinfo as VP Medinfo – someone who knows and understands the environment and the cultural situation.
  - There needs to be a transition of the learning from the current process. AM is prepared to support the process however possible. There should not be a transition in 2016 as is currently the formal situation.

AG: there are different ways to do this. The idea of having a VP-elect and past VP as a way of carrying the knowledge. This may be the best solution.

CL:
- Medinfo 2015 website: no button for English found.
- There has been a change in the dates – see report.

**Medinfo bid timings – has been agreed. Next bid is due 2015 GA.**

**Medinfo handbook –**
- RB started work on the handbook, especially due to the shorter Medinfo cycle. AM inherited this activity from RB as the previous VP Medinfo’s.
- There has been some discussion with Stig on the EFMI handbook
- This would apply to all committees
- There are already multiple issues being raised.
- The idea is to keep this process going. Being followed up by PJM, BAF and AM.
- All previous documentation is being collated.

**16 (1) (a) term of office for VP Medinfo (for discussion) (technically for nominating committee discussion)**

AM is open to any decisions made.
That the report of the VP Medinfo be approved.
Moved: LAH
Seconded: JH
Approved with 1 abstention.

11. Report of the VP Working Groups & SIGs (TYL)

A written report had been distributed.

Multiple issues related to WGs have already been discussed under other items on the agenda.

Some working groups are already working together on special topics, or planning to do so. This is an important development.

There have been requests for information on what other WGs are doing to facilitate direct linkage between WGs as required.

➢ Recommendations on Chair and Vice-chair positions

From VP WG/SIG report:
1. Approval of new WG formation and nominations of WG Chairs and Vice Chairs
   △ Moved IMIA accept the establishment of the Health Record Banking WG
   △ Moved IMIA accept the nomination of Amnon Shabo as Chair of Health Record Banking WG
   △ Moved IMIA accept the nomination of William Yasnoff as Vice-Chair of Health Record Banking WG
   △ Moved IMIA accept the change of Anthony Maeder to be Chair of Telehealth WG
   △ Moved IMIA accept the change of Shashi Gogia to be Vice-Chair of Telehealth WG

➢ WGs status; including WGs to be dissolved and new WG proposals

An application for a WG on Health Record Banking has been received.

➢ CL indicates that this was a hot topic some years ago. What would be the potential cost-benefit to IMIA? Would this be worthwhile?

➢ LM indicates that there has been significant work in this area in Germany. There is a lack of legislation and standards related to health record banking. There is much work to be done in this domain; this work has not been done elsewhere. There has been a recent special topic edition of Methods on this topic.

➢ TYL: This reflects a group with common interests, which is keen to work on an issue.

➢ LM: It is clear that the people involved here are prepared to work

➢ TYL and PJM have worked with the group to prepare the submission.

AG indicates that it is important to support new WGs. However, it is necessary to have a clear process for closing non-active WGs. There are existing criteria.

➢ IMIA Working Group of the Year Award

From VP WG/SIG report:
2. Approval of new WG of the Year Award Committee
   Moved IMIA accept the new composition of the WG of the Year Award Committee.

Note the proposed membership of the committee to reflect changes in the Board. Note that the names have been based on the roles of previous committee. There is a need to check on the cycle of appointment to this committee.
For regional representative, in future could consider someone from another region with experience of working groups.
There is a need for committee members to participate in scoring according to the defined criteria.
That the WG/SIG recommendation and motions be accepted.

That thanks be recorded to retiring chairs and co-chairs.

Moved: AG
Seconded: SK
Approved.

That the composition of the new WG of the Year Award Committee be approved.

Moved: LAH
Seconded: CL
Approved.

That the report of the VP Working Groups and Special Interest Groups be approved.

Moved: AG
Seconded: HAP
Approved with 1 abstention.

12. Report of the VP Special Affairs (MJ)

A written report had been distributed.

1. Accreditation pilot status; future plans
Two programmes have become accredited.
One trip has again had to be postponed due to the local situation in country.

The review committee is working well.
SK and MJ have made a proposal for reimbursement for IMIA and non-IMIA members. Should there be a set fee per person? This would be easier to handle. Or a fee which takes into account travel fees separately. With a set fee, IMIA academic members would have a differential in fees of $500. The plan would be to use people from the region to do reviews.

IMIA academy: There has been a suggestion that members of the proposed academy could be used for the review function. However, the academy could have a different goal than site visit membership – MJ suggests that the academy be considered separately to the accreditation review process.

Discussion:
- To clarify: Would the academic member fee apply to academic members even if there is not a member society from the country? Yes, since the criterion would be the institution’s membership of IMIA.
- There could be two different types of academy.
- Set fee: how often would this be reviewed?
- JM: have to be transparent in paying expenses of members of site visit teams. Some members would prefer to be paid via IMIA for transparency.
- LM: Separate travel costs (air tickets) from time and materials for consultants.
- There will be a fee for the writing of the report and the IMIA handling of the process.
- There are requirements to be defined also for late changes. Rules will be set for travel requirements. There could still be a difficulty if it is necessary to change a reviewer at a late stage.
- The university does have a right to refuse a reviewer.
- Note that JH is part of CAHIM. A flat fee is levied for these reviews. It could be useful to speak to the CAHIM people about their processes.
- Could fee levels be different per region. In practice, it would be needed for there to be some cross-subsidisation.
- IMIA logistical and secretarial support would need to be budgeted for. This has been taken into account for the proposed budget.
- Universities will have to handle travel and accommodation arrangements (at least for now).
- Proposed accreditation fee reduction applies to IMIA academic members only.

There have been 5 or 6 reviewers up to now. There is a programme of forming new reviewers.
There will be specific reviewers to be identified in some of the regions. There is a need to be professional.

Are we advertising? Not at this stage. We should first have a pool of reviewers.

**That the report of the VP Special Affairs be approved.**

Moved: JM  
Seconded: TYL  
Approved with 1 abstention.

**13. Report of the Liaison Officer to IFIP (HT)**

A written report had not been received.

There has been no significant progress from the Copenhagen meeting. IMIA has been very passive despite the formation of the domain committee, due to other commitments/responsibilities within IMIA.

HT would like to propose at the next IFIP GA in September 2014 that there be collaboration between IFIP and IMIA at working group level, to promote cooperation from bottom-up level. TYL will follow up with HT.

**That the verbal report of the Liaison Officer to IFIP be approved.**

Moved: JH  
Seconded: JM  
Approved.

**14. Report of the Liaison Officer to WHO (AG)**

A written report had been distributed.

The two main activities have been continued. There is a new agreement due after 2014. Send suggestions to AG about proposals for next agreement.

Connecting regions with regional offices of WHO: this could be a way of diversifying our relationships with WHO.

- There has been some action in this regard through including someone from PAHO in the Medinfo 2015 SPC.
- Need to keep WHO liaison informed about activities at regional level.

CL: put out RFP re interaction between organisation and government counterparts at similar level. Strategic plan could support this notion.

WPRO of WHO should collaborate with local SPC to 2017. It is important to invite at HQ and regional levels. Regional offices can potentially support participation from their own budget.

**That the report of the Liaison Officer to WHO be approved.**

Moved: LAH  
Seconded: HAP  
Approved.

**15. Reports of the Regional Vice Presidents to IMIA**

- **APAMI (YW)**

A written report had been distributed.

Aim to recruit more members since there has been no increase in membership for a while. MK is working on this for the region. There is interest from several potential members. Encouragement will be given through subsidisation of participation in APAMI 2014 by potential members.
APAMI 2014: date has been finalised. Expect 200 submissions; 500 participants. This is the APAMI 20th anniversary; some celebrations being considered.

Website domain for Medinfo2017 has been registered by PJM.

CL: there have been challenges experienced with submitting via the APAMI 2014 website – there is no final ‘submit’ button; currently more than 5 authors not allowed for.

EFMI (JM)

A written report had been distributed.

Membership: Note loss of Danish association. Italy and Poland will be suspended. There are plans for a new Danish association.

Statutes: there will be electronic voting on changes proposed in the GA meeting today (26 April 2014). There will thus be multiple elections during the next meeting.

Ann Moen new president of EFMI after MIE2014. Patrick Weber will be the new past president after the next Board meeting and will represent EFMI at the next Board meeting.

EFMI council accepted enthusiastically the joint discussions between EFMI and IMIA. Thanks recorded to IMIA.

STC2014: Memorial session to the late John Bryden will be held during the STC opening session. All welcome to participate.

MIE2014 in Istanbul: good reports on progress towards this meeting. HIMSS Turkey event: There has not been any effect on the MIE meeting since the local IMIA member organisation is very strong.

Last meeting of JM as VP for EFMI. Thanks to JM for lifelong commitment to IMIA and to the field.

HELINA (GK)

A written report had been distributed.
The VP-HELINA was unable to attend the meeting.
A skype connection was made to enable him to present his report.
A proposal for IMIA support for the HELINA 2014 conference had been received.

GK: Thanks for the opportunity to contribute. Apologies for not being able to attend the meeting in person.

HELINA2013 conference in Eldoret:

A good experience despite the difficulties experienced in the process.

Collaboration with other organisations was very important.

The awarding of fellowships was a significant event. Sedick Isaacs and Mikko Korpela were the first recipients. (Maraldea Isaacs received the award for SI.)

Papers from this conference will be published as the first edition of the new HELINA journal.

Two workshops prior to HELINA2013 were also very successful.

The outcome of the workshops was to establish a HELINA standards working group.

Sustainable development of HELINA: linked to strategic planning.

Strategic planning for HELINA

There was a grant received from Rockefeller for this purpose

A comprehensive document in French has been received.

GK will work further on this document for future planning; will translate to English as far as...
HELINA 2014 is in preparation
➢ Hosted by Ghana in Accra.
➢ There has been a proposal for an award in the name of Sedick Isaacs.

Future collaboration between HELINA and IMIA for the preparation of the journal would be desirable.

AG:
➢ Strategic objective: working with WHO: specific thoughts? None at this stage. The need for collaboration has been identified. A letter has been sent to Brazzaville but there has been no report.

LM:
➢ Request for financial support for 2013: still awaiting the report. This is included in the HELINA report.
➢ LAH asks whether a financial report is required. A report on the IMIA support has not been received. GK will send an Excel report.

Sedick Isaacs award proposal:
➢ GK and PJM have had some discussion. This would be an award specifically under IMIA’s name.
➢ There is a need to get some people together to discuss the form.
➢ If the award is linked to the conference.
➢ There has been an in principle agreement at the GA.
➢ There now is a need to operationalize the award.
➢ There needs to be a process for dealing with this award.
➢ Note that the IMIA Award of Excellence does involve payment of costs for participation in Medinfo.

That the following committee be appointed: AG, PJM and GK to work on this proposal for circulation to the Board for comment. The aim will be to get operational in time for HELINA 2014.
JH, HAP. Agreed

Application for HELINA2014 support: for discussion and response later. PJM will contact GK with response.
➢ There have been reports on how money was used on previous sets of funding.
➢ Financial reports are required to indicate how the money was spent.
➢ This seems like money well spent.
➢ There have been multiple other contributions in kind.
➢ This is the money set aside for regional groups to attend.
➢ PJM has requested a letter of request from INFO-LAC for funds for their conference.
➢ Agree that there should be an allocation for HELINA2014.
   1. Financial report on the previous grant is required.
   2. PJM to send again the SOP in terms of the rules for receiving funds.
   3. There is a need for formal reporting in terms of the SOP to ensure that IMIA requirements are meant.
   4. This also sets the stage for other grants.
➢ There is a need for a more detailed request.

That support for funding for HELINA 2014 be approved in principle, subject to receiving satisfactory financial report for the previous amount disbursed for a HELINA conference and meeting the agreed SOP for this kind of funding.
Ci, JH agreed.

➢ IMIA-LAC (AE)

A written report had been distributed just prior to the meeting.
AE was unable to attend the meeting.
The report indicated a wide range of activities of the VP and or organisations in the region. INFO-LAC 2014 will be hosted by Uruguay. The expectation is that this meeting will be very successful. There will be some related meetings as well.

➤ IMIA North America (JH)

A written report had been distributed.

Multiple events were reported on. The first iHealth conference was held, focused on CMIOs and CNIOs. The first conference was very successful in filling a gap in the HI landscapes; approximately 200 participants. There will be another conference. There is now an i(international)10x10 program based on the established 10x10 programme.

Advanced Inter Professional Informatics Certification Task Force work continues – counterpart to medical sub-specialisation which has been registered.

AMIA and COACH are working on new strategic plans.

Multiple ongoing COACH activities, including programs and services for members. Strategic planning

Joint activities? COACH needs to identify the counterpart to JH in order to take forward joint activities. There has been a call for a new person to take the EB role since she has stepped down. There should be some Pan-American activity planned.

That all submitted regional reports be approved.
TYL
CL
Approved.

➤ MEAHI (tbc)

No report had been received.

There were action items from the last Board meeting. There had been follow-ups by LM from the Copenhagen meeting.

HT had received a message from RM two days before the Board meeting. Two complaints:
➤ Although the resolution was accepted by the GA MEAHI, the report submitted to Copenhagen was ‘suspended’
➤ RM was not invited to Copenhagen and Budapest as MEAHI liaison to IMIA.

HT suggests some external dispute resolution process involving a third party due to situation.

PJM indicates that RM was invited to the Copenhagen meeting. He did submit a report. He did indicate that he could not attend due to visa problems.

There has also been correspondence with the other MEAHI Board members elected at the MEAHI GA. Historically, there have been contacts for more than ten years. Revised bylaws were accepted by IMIA Board in Hiroshima.

There has been input by multiple people in more recent years, primarily to support transition from RM as president to the MEAHI GA.

LM notes that it is not required of IMIA to accept a MEAHI member. (statutes 2.2.2) The final decision is that of the GA.

CL indicates that the current MEAHI website reflects a formal link to IMIA, which is problematic.
Consider not having MEAHI as a member. This would imply terminating relationship with MEAHI at the next GA meeting. Approach other alternative potential people to set up a new organisation.

What about member organisations from the region? There are member societies within the region. The existing member societies have the potential to form another association, but they have not been active in this regard. Need to approach the member associations in the region as well.

Note that the current version of the statutes has not been approved by IMIA; they are not in alignment with the IMIA statutes.

There was discussion with AlBarrak in Copenhagen. There are people in organisations not currently linked to MEAHI who could be approached.

First: MEAHI can no longer be the IMIA member in the region. Ensure that this is set in motion. Also: Ensure that there are additional member societies to join IMIA. Encourage this membership towards the establishment of the region. However, this still could be difficult due to challenges in the region.

For the next Board meeting: write to RM to inform re board decision to recommend to the GA 2014 to terminate membership of MEAHI. This will be implemented unless by 15 August 2014 the IMIA Board receives a formal indication that the MEAHI statutes have been amended to comply with the IMIA requirements.

LM will draft the letter for comment by the Board.

HT will continue to monitor the situation on behalf of IMIA and give feedback.

_That the Board will consider recommending to the GA 2014 that the membership of MEAHI be terminated._

CL
SK
Agreed.

16. Other business

▶ Nominating Committee new processes (AG)

_A written report had been distributed._

The aim will be to make the process more visible. The NC will continue to undertake the nomination process. The NC will continue to identify potential candidates as well. The process could include self-nomination. In fact, the process could involve applications. A question outstanding is what is the role of regions? Regions would like the opportunity to propose nominees as part of the process. The regions could also be active in informing members in their regions about the availability of nominations.

In future, there will still be a single proposal for a position from the NC.

There are Board job specifications which have been sent to all incumbents.

There is a need to finalise the four job descriptions for the posts coming up for nomination within one month. There will be a call by 1 July 2014. Call to the GA list initially and to the IMIA website. Send a formal letter to the regional VPs also to ensure that people in regions

PJM will work with AG on the final details. Note that a limited CV is required – this needs to be specified; need information relevant to the job.
From report of Past President:
1. The following positions are due for nomination at the 2014 IMIA General Assembly meeting, with nominees taking up post following the 2015 GA meeting:
   - IMIA Secretary (2015-18)
   - IMIA Treasurer (2015-18)
   - VP Membership (2015-18)
   - VP Services (2015-18)
As the incumbent has served the maximum two terms, a new IMIA Secretary will need to be nominated and elected. The current Treasurer, VP Membership and VP Services are eligible for further terms if nominated and willing to serve.

Nominations due at the 2015 IMIA General Assembly meeting are:
   - IMIA President-elect (2015-217 – President 2017-19)
   - VP Medinfo (changes to the term are under discussion)
   - VP Special Affairs
   - VP WG/SIGs.

a] Term of office for VP Medinfo (for discussion)
   Current term to end 2016. Need a proposal at least by 2015. Propose one year as VP-elect and one year as past VP.
   In future, this could be considered for other positions as well. This would need careful consideration.

b] Financial Review Committee membership 2014-16
   Not discussed.

c] Nominating Committee membership
   NC chair proposes members; approved by the Board.
   EB and KT terms come to an end at the 2014 GA.

➢ .health and other gTLD in the WHO/ICANN arena
   This is an ongoing discussion. There are 16 related domains. The difficulty is that our community is disorganised in this regard. This is a difficult discussion. PJM and LM will keep Board informed. Need to wait until WHO makes a specific proposal.

➢ Competition/collaboration relationship policy with other organizations (inc. members)
   For discussion at the next Board meeting. For example relationships with HIMSS at some country levels. Other organisations need to be considered.

➢ Medinfo2015-AMIA2015 interaction (Chris Lehmann)
   Discussed under item 9 – report of VP Medinfo

➢ Strategic Planning Activity and Sustainability Taskforce (LM)
   A written report had been distributed.
   This is a revision.
   Two basic changes:
   - Managed to identify two mega challenges:
     1. abyss between countries and between regions within countries
     2. Even where there is good infrastructure, results of eHealth projects have fallen short of expectations.
   These challenges actually incorporate most issues.
Proposal:
- Given the problems, ask the community to propose projects to address these challenges.
- Required from the Board: permission to carry on working toward receiving proposals from people who wish to work.
- LM will send comments and ask for guidance.
- Thanks to SK and PJM for their contributions to the SPTF.

Goals that project must fulfil are rather challenging in the timeframes. The idea is to put the framework in place in order to start the processes.
LAH suggests that this item be placed higher on the agenda of the next Board meeting and the next GA meeting.

**IMIA Academy proposal (Haux paper)**

A paper submitted by Reinhold Haux had been distributed.

Request comments on the paper from members of the Board. This would essentially be an international equivalent to ACMI.
It is not clear from the paper what would be the role of the Academy. RHx vision is for an academic society. Secondarily, it might provide a pool of people who could contribute as site visit members.
HAP has agreed to chair a task force as proposed to work further on this proposal.

Suggest that MJ be included in this committee in relation to the accreditation process.

*That the following members form a task force to examine the proposal and report to the Board:*
- Hyeoun-Ae Park, IMIA President Elect (Chair)
- Lincoln Assis Moura, IMIA President
- Antoine Geissbuhler, IMIA Past President
- Reinhold Haux, IMIA Past President
- Alexa McCray, IMIA Past Vice President
- Peter Murray, ex officio as IMIA CEO

TYL
JH
Agreed.

**Value of IMIA membership (from IMIA/EFMI discussion 25 April 2014)**

Value of membership to IMIA? Need to think of ways to increase value/perception of value to members. - VP Membership – ADDITIONAL ITEM ON AGENDA

TO BE CARRIED FORWARD TO NEXT MEETING.

17. Future Board Meetings

Late 2014 – New Delhi, India (APAMI 2014) - 30 October, 2014
Early 2015 - to be proposed. Need a list of possibilities. Maybe AMIA April summit in San Francisco.
Late 2015 - Medinfo2015, Sao Paulo, Brazil – August 2015
**revised date for conference: 19-23 August 2015**
Early 2016 - to be proposed. Potentially HELINA region.