



Global News

International Federation of Health Records Organizations

A Non-Governmental Organization in official relations with the World Health Organization (WHO)

Issue Number 6 ■ November 2010

The Link for Health Records/Information Management Around the World

This edition contains:

Message from the President 2

Association News:

- Jamaica Medical Record Association (JMRA) 4

- AHIMA Distinguish Member Award 6

- The AHIMA Global Services Office in Brussels 7

Professional Article:

- Amichai Shulman: Should our health Records be Online? 8

Meeting Reports:

- Prof. Ian Carpenter: Digital Health and Electronic Medical Records:
Aligning the EU and UK Agendas 10

- Lorraine Nicholson: Digital Health and Electronic Medical Records:
Aligning the EU and UK Agendas 11

- Darley Petersen: Nordic Professional Conference 2010 16

- Margaret Skurka: IFHRO Meeting at the 82nd AHIMA Convention
& Exhibit, Orlando 18

- Margaret Skurka: WHO-FIC Meeting in Toronto, Canada 19

Calendar of events 20

Publishing information 21



IFHRO President's Message November 2010



**Lorraine Nicholson,
President of IFHRO**
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I can hardly believe that it is over three years since I became President of IFHRO in Seoul in May 2007 and the IFHRO General Assembly and the 16th International Congress in Milan are now just a short time away!

Our time in Milan will be busy but enjoyable. The IFHRO Executive Committee will hold its annual meeting during the afternoon of Saturday 13th November and the morning of Sunday 14th November. On Sunday afternoon 14th November IFHRO will be holding regional meetings where all members from each region will hear a presentation by Marjorie Greenberg, Head, WHO Collaborating Center for the Family of International Classifications for North America & Co-Chair, WHO-FIC Education Committee and Margaret Skurka, President Elect of IFHRO & Professor and Co-Chair of the WHO-FIC-IFHRO Joint Collaboration, entitled "International Training and Certification Program: A Regional Approach". They will then have the opportunity to take part in facilitated Regional Discussion Groups chaired by the Regional IFHRO Directors to discuss the implications of the training

and certification program for their region. This will be followed by a special meeting for National and Alternate IFHRO Directors. The 16th General Assembly of the Federation will convene on Monday 15th November during which the election for the IFHRO Executive Board 2010 – 2013 will be held and bids will be made by national member association in Canada and China to host the 17th International Congress in 2013. The afternoon session of the assembly will comprise facilitated discussions on five topics of importance to IFHRO. The topics will be Privacy, Security and Confidentiality, Clinical Data Management, Electronic Health Records, Education and the Needs of Developing Countries. Observers are very welcome to attend the General Assembly to learn more about IFHRO's work and to join in the discussion groups. An Educator's Forum will also be held on Monday 15th November and the European Regional Team will meet during the congress.

The 16th International Congress, opened by Dr. Leonardo La Pietra on Tuesday 15th November will continue until Friday 19th November. The conference theme is "Better Information for Better Health – the way forward to a safe, responsive and integrated healthcare". IFHRO's sincere thanks go to members of the Italian Organising Committee, chaired by Dr. La Pietra, who have worked incredibly hard over the last three years to deliver a topical and stimulating scientific programme, an enjoyable social programme and a programme of professional visits to healthcare facilities in Milan. If you haven't already registered for this important event registrations can be made on-line at http://www.ifhro2010.it/Comelsciversi_en.html or you can register in person at the congress in Milan.

Just a reminder of the main conference topics:

- Classification Systems
- Clinical Coding & Quality of Data
- Electronic Health Records
- Health Records & Patient Safety
- Clinical Documentation & Scientific Research
- Data Management & Integration

I know that many of you, as recipients of this message in IFHRO's Global News, are already associate members of the Federation and I invite all readers to consider supporting IFHRO and its continuing activities by joining the Federation as an associate member. Associate member dues are very modest at US\$30 per year.

Please find the application form for associate membership at <http://www.ifhro.org/membership.php>.

New National Members are also most welcome to join the IFHRO family of nations.

This will be my last message as President of IFHRO as I will hand over the presidency of IFHRO to Margaret Skurka from the USA, President Elect, during the closing ceremony of the congress in Milan. I wish Margaret and her team a very successful and enjoyable 3-year term of office.

With my very best wishes,

Lorraine Nicholson

Lorraine Nicholson
President of IFHRO

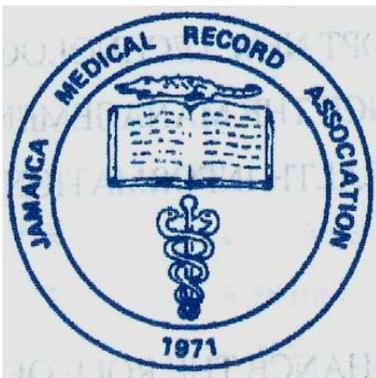


Association News

Jamaica Medical Record Association (JMRA)



Veronica Miller-Richards
President of JMRA
Email: vernrich21@yahoo.com



MISSION STATEMENT

The JMRA is committed to be the professional body that strives to improve health information management by advancing standards, facilitating access and sharing of health information through new technology, to enhance membership and achieve national and international recognition and acceptance.

History of the Jamaica Medical Records Association (JMRA)

The Jamaica Medical Records Association had its beginning aboard the Hospital Ship S.S. HOPE, in Kingston Jamaica on Wednesday, September 1, 1971. This was as a result of an interest showed by medical records personnel who benefited from

seminars sponsored by medical records staff aboard the SS Hope and the University Hospital of the West Indies. These seminars were designed to create an awareness of the necessity for Medical records personnel to organize themselves into a unified body.

On October 29, 1971 the first official meeting of the association was held.

Membership

Currently, there are approximately one hundred and thirty members in the JMRA. The Association is also a member of the International Federation of Health Records Organizations (IFHRO) since 1981. Jamaica has been represented at all the IFHRO congresses since then. This year as the President, I will be attending the 16th Congress in Milan. A very special thanks to Ms. Carol A. Lewis a now retired health records professional who over the many years has always assisted in sponsoring at least one of our members to attend this very important event.

Some members of the JMRA are also affiliates of the American Health Information Management Association (AHIMA). As such JMRA benefits from correspondences and learning material from IFHRO and AHIMA.

The Jamaica Medical Records Association celebrates its Health Records Week during the 3rd week of October every year. This year the week will commence October 17 – 23. There will be a church service and an open day.

Training

In September, 1974, in collaboration with the Ministry of Health /Manpower Services and the PAHO/WHO, the first groups of students were selected to undergo formalized training in Health Records and

Statistics Level I and II courses. This was started at the then College of Arts, Science and Technology (CAST). The participants were drawn from Jamaica and other Caribbean countries. During the early phase of these courses, special emphasis was placed on the need to improve and upgrade the academic, technical and professional skills of those persons who were already employed in the Medical Records field in the Ministry of Health.

There are now currently two major courses at the University of Technology, Jamaica an upgrade from the Certificate courses. They are a BSc. in Health Information Management and Asc. in Health Information Technology. Since its inception a total of approximately one thousand students have completed the courses successfully. Several have gone on to hold higher positions both in public and private sectors. Many have also migrated and still continue to work in health information.

The Newsletter, established in the late 1980s, was recently reactivated to serve as an opportunity for the JMRA to communicate with its members and to provide continued vital information regarding the increased development of international health records standards.

The Executive Committee of JMRA 2010-2013 is:

President

Mrs. Veronica Miller-Richards

1st Vice President:

Ms. Janice Bryan

2nd Vice President:

Ms. Dianna Williams

Secretary/Treasurer:

Ms. Marjorie Hendricks

Asst. Secty/Treasurer:

Mrs. Yvonne Gayle

Public Relations Officer:

Ms. Gail Simms

Asst. PRO:

Mr. Jermaine Martin

Regional Committees were set up within the four regions of the island and are intended to support the work of the Association and the Executive committee. The Executive committee shall have full powers to regulate the activities of the regional committees. The regional committees therefore are required to hold meetings and properly document their finances and submit reports to the Secretary/Treasurer.

Regional Committee Chairpersons

Western Regional Health Authority:

Jacqueline Davis -

North East Regional Health Authority:

Kerryann Cameron -

South East Regional Health Authority:

Tamra Brown

Southern Regional Health Authority:

Pauline Rose-Campbell -

Association News

AHIMA Distinguish Member Award



Rita Bowen, AHIMA President 2010 (left) and Margaret A. Skurka, IFHRO President-elect (right)
Email: MSKURK@aol.com
Rita.Bowen@comcast.net

The Distinguish Member Award is AHIMA's highest honor. This award celebrates an individual with a long, exceptional history of health information management (HIM) contributions. It is awarded to an outstanding individual whose record of contributions to the field is truly exceptional.

Margaret A. Skurka is the 2010 recipient of AHIMA's highest honor. Her history of significant contributions to the HIM field through dedicated volunteer service, innovative professional practice, education, research, and publishing are truly exceptional.

With an extensive HIM background and tremendous dedication to her students, Ms. Skurka is always encouraging students to succeed, improve, and participate in local and state association meetings. Every day she brings a high level of professionalism to the classroom, and demonstrates what a professional should be to both students and faculty. A woman of many accomplishments, Ms. Skurka is a Fellow of AHIMA,

has a master's degree from Purdue University, is a certified ICD-10 trainer, and works as a consultant with ambulatory surgery and physician practices. Additionally, she is an internationally recognized speaker, and the author of five HIM books, numerous articles, and several coding-related products. She shares her knowledge with everyone around her.

With over 35 years of experience as an instructor, director, and professor, Ms. Skurka is currently the professor and director of the Department of Health Information Management at Indiana University Northwest. In addition to serving as AHIMA's president, on the AHIMA Board of Directors, and as IFHRO's president-elect, she served on the AHIMA/AMIA Task Force for Vocabularies and Terminologies, was chair of the IFHRO Organizing Committee-International Meeting, and has been co-chair of the Joint Collaboration, WHO-FIC-IFHRO Education Committee since 2005. She's represented AHIMA and IFHRO at many international meetings, is a guest lecturer and role model for the HIM profession, and was named the Distinguished Alumnus of the University of Illinois at Chicago in HIM, in 2004.



Association News

The AHIMA Global Services Office (GSO) in Brussels



Dani Kolb
Director of the office, Brussels
Email: Dani.Kolb@ahima.org

The AHIMA Global Services Office was set up in July 2009 in Brussels, Europe to further develop new business opportunities, build collaborative relationships, and monitor the global health information environment. Dani Kolb is responsible for AHIMA's Global Service Office, located in Brussels, and she is AHIMA's liaison with stakeholders such as the US Mission to the EU. She maintains a dialogue with allied health information associations and organizations and the European Commission.

In Brussels, Dani Kolb is supported by Nele Devolder, program manager, and Françoise Maon, managing assistant. Nele Devolder is responsible for communications and business development, including managing company relations, identifying international



Third Annual International VIP Reception

opportunities, and setting up partnership agreements with ally associations and organizations. Maon is responsible for event logistics and office management.

The following International Events organized by the GSO took place during the 82nd AHIMA Annual Convention and Exhibit in Orlando, Florida:

- **Global Good Mornings**
Mon, Sept 27 – Wed 29, 7-8 a.m.
Welcoming and connecting with guests from all over the world
- **Third Annual International VIP Reception**
Mon, Sept 27, 6-7:30 p.m.
- **CoP Meet-UP Reception**
Sun, Sept 26, 6-7 p.m.
This community of Practice (CoP) to enhance the virtual relationship by putting a face to an online name.
- **IFHRO Meeting**
Tue, Sept 28, 1-2 p.m.
Catch up on IFHRO activities, especially the upcoming congress in Milan, Italy, in November
- **International Education Tracks**
Three educational sessions on topics of global focus, including the global workforce and an update from AHIMA's global Services Team.

Web: <http://www.ahima.org/global/>
Email: globalservices@ahima.org



International Attendees at Global Good Mornings

*Professional Article***Should our Health Records
be Online?**

Amichai Shulman
CTO, Imperva Inc.

Online medical databases seem like a natural choice in an age where technology is anywhere. They allow emergency teams to have access to critical medical information at time of need, or just making patient's life easier when hopping between different healthcare providers. Despite these advantages, voices against it are being heard from a wide spectrum of stakeholders, usually by means of FUD (Fear, Uncertainty and Doubt). Doctors, hospitals and various associations are among the objectors to medical computerization programs.

The most recent affair to trigger this debate is the English National Health Service's (NHS) intention to create a national online repository of personal healthcare information. As an almost instinctive response to this move, the Patients Association (a UK-based national healthcare charity which exists to help any patient in the UK) announced its discomfort regarding health records going online. According to them, the obvious solution is to have every person hold a smart card with their medical history. In case of emergency, the rescue teams can have the required information from the card. Objectors of this approach

claim that the card is not reliable and besides, people cannot be trusted to hold the card with them at all times.

In addition to these valid arguments, the discussion always brings up the claims which state that (distributed) paper files are safer than a central electronic database. Indeed, in order to breach paper files, one should have physical access to the storage location. The major implication of this is that the set of individuals that may directly compromise the information is limited. However, besides this alleged restriction, there is no advantage for papers. For instance, there is no effective way to keep an audit trail of who accessed which data or to enforce granular access control policies on it. In addition, in case information should be available from multiple locations, a physical copy needs to be made and shipped, further increasing the chances of it getting lost. In fact, incidents in which sensitive medical records were stolen, lost, or just carelessly dumped to a publically accessible dumpster are not uncommon.

An incident which plays well into the hands of the opposition to online health records was reported in Ireland, earlier this year, where catering staff in one hospital have been (carelessly) granted access (through the Health Service Executive (HSE) medical records system) to sensitive personal records. Indeed it seems like a classic example of the risks posed by medical records going online. However, analyzing the facts draws a different picture. Apparently, the system has been designed with security capabilities, taking into account that it will be used in hospitals nationwide. As it turns out, capabilities are not enough. The real problem was not related to the system itself, but to how this particular hospital used it. Lack of deployment guidelines and education made the hospital using it as-is, granting access to sensitive information in a promiscuous way.

The lesson which should be learned from this episode is exactly opposed to what the program opposition wants us to learn. Instead of spending void efforts on trying to prevent such programs, they should be recognized and well planned. By taking this approach, clear deployment guidelines and regulations can be in place, minimizing the risk of uncontrolled deployments.

A public discussion around databases storing sensitive health information will continue to increase security and privacy awareness. As a result, they will less likely to be used without clear regulations and deployment guidelines. Being stored in a centralized digital media, the information may be protected by various technological means which cannot be implemented with plain paper files:

- **Role Based Access Control** – ability to restrict access to different data based on individual job function enables scalable access control.
- **Segregation of Duties** – making sure that organization critical tasks are not performed by a single person is a key element in fraud prevention.
- **Granular Audit Trail** – as opposed to paper files, where one can read a document and put it back in place without drawing attention, in databases all accesses may be logged and tracked to the individual user level.
- **Software Patch Management** – keeping track of known vulnerabilities is critical for protection against 0-day exploits.
- **Administrative User Activity** – super users have always been the weakest link in IT security. Since physically they are allowed access to entire organization data, they should be watched closely.

About Imperva

Imperva is the global leader in data security. With more than 1,200 direct customers and 25,000 cloud customers, Imperva's customers include leading enterprises, government organizations, and managed service providers who rely on Imperva to prevent sensitive data theft from hackers and insiders. The award-winning Imperva SecureSphere is the only solution that delivers full activity monitoring for databases, applications and file systems.

For more information, visit www.imperva.com, follow us on [Twitter](#) or visit our [blog](#).



Meeting Report

**Digital Health and Electronic
Medical Records:
Aligning the EU and UK Agendas**

**Held at the Royal College of Physicians,
London
On Thursday 15th July 2010**



**Professor Iain Carpenter
Associate Director, Records Standards
Health Informatics Unit
Royal College of Physicians
11 St Andrew's Place
Regent's Park
London NW1 4LE**



On July 15th 2010, the Health Informatics Unit of the Royal College of Physicians (RCP HIU) hosted a roundtable discussion with the European Commission and WHO to which government officials and stakeholder organisations were invited.

The roundtable introduced the European Commission's IT Health programme and the new developments in the WHO International Classifications for health and

social care matters. The meeting had a special focus on electronic health records including issues related to cross-border interoperability which is of particular relevance to the UK EHR programme and Royal College of Physicians.

The roundtable discussions form a part of the continuing RCP HIU programme to develop evidence and consensus based standards for the structure and content of medical records supported with funding from NHS Connecting for Health. The presentations by the RCP President, the EU, WHO, the NHS Information Standards Board for Health and Social Care and the RCP HIU are available on

<http://www.rcplondon.ac.uk/clinical-standards/hiu/consultations-meetings/Pages/Overview.aspx>

Meeting Report

Digital Health and Electronic Medical Records: Aligning the EU and UK Agendas

Held at the Royal College of Physicians,
London
On Thursday 15th July 2010



Lorraine Nicholson,
President of IFHRO,
18th July 2010

The purpose of this report is to provide notes on the above event including the various speakers, the topics they covered and the discussion and comments after the presentations were finished. The programme for the event is shown at the end of this report.

The conference started at 5.30 pm and Introductions made and a welcome given by **Professor Sir Ian Gilmore**, President of the Royal College of Physicians. He felt that the conference was a very important one. Records are about patients and improving care provided to them. They can also facilitate and support research if the basic principles of record keeping are used correctly. He then handed over to **Professor John Williams**, Director of Health Informatics at the Royal College of Physicians to make introductory remarks about the conference programme.

Professor Williams observed that there was a perceived window of opportunity at the present time and a prospect to maximise this opportunity and to take this important agenda forward. Governments in the UK and also in Europe had also seen this opportunity and were committed to taking it forward. The agenda focussed on patient empowerment, patient choice and patient safety but in order to progress the agenda there would need to be accurate, timely and complete data from patient-centred records, which from a patient's perspective will need to contain standardised, structured data.

The recent NHS White Paper "Equity and excellence: Liberating the NHS", launched on 12th July puts information at the heart of what needs to be done and thus strongly supports the agenda. This White Paper sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

The conference aimed to provide an update on the European Commission's Information and Communication Technologies (ICT) Programme and its future plans, describe the current position in Europe and the UK and to discuss the need for professional engagement in order to achieve the stated objectives of the programme.

Flora Giorgiou, who is a Pharmacist by professional background and a Scientific Officer, Directorate General for Information Society and Media at the European Commission (EC), spoke about the European Commission's ICT Programme. Her presentation covered the following points:

- The EC is looking to ICT to support a paradigm shift from curative to long-term preventative care and from hospital-based care to patient-centred care. ICT will enable collaborative personalised care, which will empower patients and help improve sustainability of healthcare systems by reengineering.
- eHealth supports organisational changes and user acceptance where they have appropriate skills and knowledge.
- The EC has been undertaking Research and Development and supporting Research Framework Programmes since 1989 and has funded 450 different programmes costing 1 billion Euros. This has been done in cooperation with health services, industry and universities.
- Personalisation of healthcare will improve patient safety and promote safer surgery. And there will be programmes focussing on predictive medicine by means of a “virtual human”.
- Policy instruments have been in place since 2004 to improve communications and liaison with European Member States. The i2010 is a sub-group working on eHealth. There are stakeholder groups for users and for industry.
- There has been support for the deployment of eHealth since 2007 and new finance mechanisms are in place through the ‘Competitiveness and Innovation Programme’.
- In 2008 there was an initiative focussing on the cross-border interoperability of EHR systems to improve coordination of care by connecting people, systems and services. Interoperability of EHR systems will require good clinical leadership.
- The e-Governance Initiative is looking at the political, strategic and operational aspects of eHealth and projects include epSOS, which is a European eHealth

Project to coordinate efforts and activities to drive forward Electronic Record Projects in member states of the European Union <http://www.epsos.eu/epsos-home.html> Electronic patient record systems, with their initial focus on both patient summary/emergency data sets and medication record/ePrescribing solutions, are being driven forward by many European member states. While all are committed to doing this in principle, some regions and countries are more advanced than others in terms of their capacity to implement proposed solutions. To enhance the possibility of these services being provided across national or regional borders, interoperability among systems and services must be achieved between the different national and/or regional systems. epSOS aims at building and evaluating a service infrastructure demonstrating cross-border interoperability between Electronic Health Record Systems in Europe. Participation in the project to date includes 12 Ministries of Health, 29 beneficiaries and an Industry Team (through IHE). Patient summaries and prescriptions have all data fully structured and coded. There is auto-translation into other languages and alphabets.

- Another example of eHealth in Europe is Diraya, which is a system in Andalucía, Spain providing a unique health record number for each citizen, unified access and all relevant information is structured.
- What’s next? The Europe 2020 strategy, which focuses on the digital agenda. The Director General of WHO is coming to London to discuss e-Health with the Department of Health
- Leadership from clinicians will be a critical success factor in enabling progress to be made on eHealth deployment to provide better, more efficient and sustainable healthcare systems in the future.

Nenad Kostanjsek from Classifications, Terminologies and Standards CTS) at the World Health Organization and who has responsibility for ICF (International Classification of Functioning, Disability and Health) spoke about the WHO agenda for Classifications, Terminologies and Standards:

- He described the various classifications that WHO has responsibility for i.e. ICD, ICPS (Patient Safety), ICF, ICTM (Traditional Medicine) and ICI (Health Interventions) and the need to link them and make them interoperable.
- The classifications can be used for population health, clinical, administrative and reporting purposes. They are no longer “single use”.
- He explained the link between eHealth records systems, terminologies and knowledge representations (KR)
- The knowledge representations used in the development of ICD-11 will allow users to “say what we mean” and they will provide ‘state of the art’ representations.
- There is an announcement from WHO about the convergence of SNOMED and ICD (July 23rd, 2010)
 - <http://www.ehealthnews.eu/industry/2165-who-and-ihtsdo-strive-for-harmonization-of-health-information>
- The “Desiderata for WHO” was described as having multi-purpose and coherent WHO classifications, having international and multi-lingual reference standards and ensuring that WHO classifications will function in the EHR environment.
- Key work-streams for developing WHO-FIC are as follows;
 - Use Cases, Content Model (parameters and value set)
 - Population and peer review of the content model (this will eventually become the classification)
- Web-based collaborative authoring tool (iCAT) on the WHO server with restricted access in alpha stage but unrestricted in beta stage
- Ontology development.
- ICD-11 is no longer just lists – it is based on a content model.
- Classification development in 21st Century will comprise; an internet-based permanent platform, digital curation, enhanced discussion and peer review.

Professor Martin Severs, Chair, Information Standards Board for Health and Social Care, provided a UK view on implementability, interoperability and safety.

- The advent of the “Expert Patient” means the “demedicalisation” of “mild” illnesses.
- The patient record is used for care purposes and communication.
- Technology is available to support the consultation between doctor and patient and to support clinical practice.
- The recent NHS White Paper “Equity and excellence: Liberating the NHS”, provides informatics standards as follows:
 - Records Practice
 - Information Governance Standards
 - Standard interoperability format for records
 - Record transfer
 - Record-keeping standards
 - Data collection standards
 - Data standards (person, condition, treatment)
 - Data standards for secondary use
 - Workforce standards
 - Data composition
 - Business definitions
- The new NHS Commissioning Board will determine standards including health records standards.

Professor Iain Carpenter, Clinical Lead on Records Standards, Royal College of Physicians spoke about “Achieving Professional Consensus”.

- There is a need to be clear about where the data for EHR will come from.
- Information/data should be:
 - patient focussed
 - support all contexts where patients are seen
 - must be interoperable
 - the structure and content must be standardised.
- Ownership and Clinical Engagement will be key to the success of EHR.
- Engagement of clinicians will be achieved by making systems and standards relevant to their day to day work and reflecting best clinical practice e.g. admission clerking.
- Engagement of clinicians should not be left to “enthusiasts” and “techies”.
- The provenance of clinical data must come from day to day practice and be patient-centred.

Discussion/Comments from the Audience

- The EC agenda is about putting the patient at the heart of this important work and putting money on the table.
- There must be informed patient consent for the use of their data for purposes other than those for which they were collected.
- The EU Data Protection Directive (clause 8), which will be transposed into national law in Member States, refers to secondary use of medical data and physical consent. This directive is currently under revision and the new version will be available in approximately 3 years time.
- The operational use of classifications and terminologies should be based on data capture at the point of clinical care. The UK has sought input from both patients and carers relating to this point
 - how is the EU involving patients and carers? This will be essential for classification development e.g. ICF - disability groups were involved in the development of the classification from the beginning (alpha version). iCAT will facilitate this process. There must be transparency and engagement with patients and carers. ICD revision has involved 16 topic advisory groups.
- It is crucial that patients understand what is in their records and what a record is and what is not a record.
- Standardisation of records may be a better approach than standards for records providing there is appropriate governance and steps need to be taken to ensure that standardisation does not “limit” the way that things are recorded and done. There is too great a risk attached to standardisation at the present time.
- WHO is cut off from implementation – only 110 out of 193 Member States report mortality statistics to WHO.
- There is currently an “opt out” provision for patients in respect of the NHS Care Record (England), which is the national EHR, and the uptake of this provision by patients must be closely monitored. Doctors must treat patients on the basis of clinical need. Social care must be included in the NHS Care Record.
- In The Netherlands there is now a much greater focus on prevention of disease (life-style factors etc). There are simple care standards for providers and patients together with personal health plans which include objectives for patients – this has already been done for diabetes. There is a need to standardise terms used in records.
- epSOS will help with Data Protection requirements in Member States.
- Does the EU Agenda help to address both eHealth and health inequalities?

Professor Sir Ian Gilmore drew the discussion to a close at 7.30pm and thanked the speakers and members of the audience for their participation in the conference.



Royal College
of Physicians
Setting higher medical standards

Digital Health and Electronic Medical Records: Aligning the EU and UK Agendas

15th July 2010

Dorchester Library, Royal College of Physicians

5.30 Welcome and Introduction

5.35 The European Commission's ICT Health Programme

Flora Giorgio

Scientific Officer

Directorate General for Information Society and Media

European Commission

6.00 WHO Agenda: Classifications – Terminologies -Standards

Nenad Kostanjsek

Classification, Terminology and Standards (CTS)

World Health Organization

6.15 UK Agenda

Professor Martin Severs

Chair of the Information Standards Board for Health and Social Care

6.30 Medical Records: Achieving Professional Consensus

Professor Iain Carpenter, RCP Clinical Lead on Records Standards

6.40 Discussion with Audience

Professor John Williams, RCP Director of Health Informatics

7.25 Conclusion: Professor Sir Ian Gilmore

President, Royal College of Physicians

7.30 Reception

8.15 End of meeting

Meeting Report

Nordic Professional Conference 2010



Darley Petersen
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 Odense University Hospital, Denmark
 Member of IFHRO European Regional Team (ERT)
 Chairman of IFHRO Membership Group (IMT)
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From May 6 – 8, 2010 the Nordic Professional Conference for Health Information Managers took place in Copenhagen, Denmark. The Nordic countries were represented by delegations from the Faroe Island (15 delegates), Finland (9 delegates), Greenland (5 delegates), Iceland (6 delegates), Norway (15 delegates), Sweden (1 delegate) and the Danish delegation formed the remainder of the 140 total delegates. Unfortunately the global economic crisis had resulted in a smaller number of delegates than usual at this conference.

The Nordic Conference takes place every 3rd year and the Nordic Associations each host the conference in turn. A committee with representatives from all the Nordic countries has been in existence for more than 20 years and it was formed to organise these triennial conferences. The Danish Association DL/HK was the host for this conference.

The actual program was designed not only to disseminate information about the national status of each country's Health Information Managers' educational program, professional resources, daily work,

and the possibilities for postgraduate education, the delegates were also provided with a vision for the future of their daily work, i.e. quality control and accreditation, which has been implemented in Denmark as the "Danish Quality Model". This model was described in Global News issue 5 (May 2010).

How does a professional group of Health Information Managers respond to new challenges? Do we find them provocative or do we take the responsibility upon ourselves and try to find solutions, not only in cooperation with professional colleagues, but also often within a multidisciplinary group? Delegates were given many answers about the impact of their own behaviour in relation to the approach to the daily work, but also to colleagues and the surrounding environment. Words like enthusiasm, courage, self-confidence, and education were just a few of the positive words mentioned during these lectures.

The Nordic Health Professional Managers work under very different conditions. The professional titles used also differs from country to country, i.e. Medical Secretaries, Health Secretaries, and Clinical Specialists. Recruitment depends on the educational qualifications required for students.

The conclusion drawn from the presentations was that there nowadays are higher demands for qualifications for students, increased possibilities for well-planned education and more opportunities for jobs with a certain degree of responsibility. This has got a strong impact on solutions taken to accomplish the daily tasks. The standard of postgraduate education seems directly related to the level of basic education of students.

Norway, Sweden, Iceland, the Faroe Islands, and Denmark (including Greenland) all have individual basic practical placements for students, the jobs are clearly defined, and many Health Information Managers have jobs with a

high degree of responsibility. The presentations from these countries pointed out the necessity for plans and economic possibilities for further development of post graduate education on a higher level.

In Greenland, new Health Reforms were implemented as a pilot program this year. The aim of these reforms is to adjust the health services to meet the demands of today's society, i.e. to offer equal support for citizens in accessing health services - even in remote areas. Parallel implementation of supporting technology is also planned. All health care groups will therefore undergo postgraduate education related to the new demands which will improve the management of the individual jobs.

In Finland in 1998, it was discussed whether secretarial jobs could be suspended because of technical developments. To-day secretarial jobs still exist but basic education has not yet been developed for these jobs. Accordingly secretaries are recruited from other branches of the health service and they have to undertake the necessary training after being appointed. It is time-consuming to train new colleagues who do not have any prior knowledge of Latin terminology. Raising the low professional profile of secretarial staff by development of educational modules is therefore a priority in Finland. Secretaries have a considerable challenge to be accepted as a responsible and indispensable group in the future.

The representative from Iceland succeeded in giving a very lively picture of the economic impact and changes for the people in Iceland as a result of the economy crisis in 2008. Commercial companies are facing changes as well as the health sector. Everyone has had to downsize their budget and look for opportunities for cost reduction. The largest hospital in Iceland came up with the idea to outpost medical secretaries. Medical secretaries were withdrawn from the hospi-

tal's daily activities and the health care environment away from colleagues and patients. In this changed situation fear of the unknown generated uncertainty and anxiety for this group of staff. However the changes have also brought opportunities and the current task in hand is for medical secretaries to seek and recognize these opportunities amidst the changes and then to utilize them to their advantage. The "forgotten must be forgotten" - health care professionals now have a chance to influence their future by utilizing the changes for their own benefit to provide a positive new vision for the future of their profession.

This future vision includes a new health field, a division of medical data, which medical secretaries will be able to steer, with medical secretaries being responsible for the whole medical data division within the national health care system. This vision would also need to be updated to support enhanced responsibility for medical secretaries. The changes have raised the profile of medical secretaries within the health care system, and "we must use the opportunity and be open to changes and challenges that lie ahead. We must evolve and now is the time!" - These were the very impressive and motivating words to conference delegates from Iceland.

This short overview of the Nordic Professional Conference can only be a summary of the conference program. Interested readers of Global News will find most of the presentations in English from the following web address:

http://www.hk.dk/dl/nordisk_fagkonference/presentations_from_the_conference

The forthcoming IFHRO International Congress in Milan (www.ifhro2010.it) was announced during the conference. Several delegates were very interested and pleased that an international congress will take place within Europe and we hope that many Nordic delegates will meet again in Milan in November 2010.

Meeting Report

IFHRO Meeting at the 82nd AHIMA Convention & Exhibit Orlando, September 25-30, 2010



Margaret A. Skurka, IFHRO President-elect
Email: MSKURK@aol.com



A very good meeting of IFHRO members in attendance at the AHIMA Orlando Annual Convention of AHIMA was held on September 28, 2010.

Margaret Skurka presented an overview of the upcoming meeting in Milan, and also updated the audience on the ICTP -The International Training and Certification Program: A Regional Approach.

Several sessions will be held in Milan, describing this latest effort of the WHO-FIC Joint Collaboration with IFHRO. A regional approach will be taken in the packaging and dissemination of materials, useful for the regions to educate HIM professionals.

Use of the Education Modules on the IFHRO web site is encouraged, along with the WHO ICD-10 web-based training tool, and other Joint Collaboration documents. All materials are free, and for use by any country in improving Health Information Management education and training, and specifically coder education and training.

Angelika Haendel reported on the Global News publication of IFHRO, where she serves as Editor, and encouraged submissions by those present. Students that were present wondered if student volunteers for web site articles were welcome. All were encouraged to contribute to this way of disseminating best practices and other information throughout the HIM profession.

A short discussion was held on the Key Initiatives for 2010-2013. These will include: The EHR in the international community; Data Quality including Coding and Classification of data; HIM Education; and the Needs of Developing Countries.



From left (standing): Kathy Giannangelo, Teresa & Brian Foley, Lillian Carr, Sandy R Fuller, Rob Nelson, Davi Trotti, Carolyn Wilson, Kelly Abrams, Lynette Czarkowski, Rita K. Bowen, Dani Kolb
From left (sitting): Joanne Valerius, Angelika Haendel, Margaret Skurka, Carol Lewis, Mervat Abdelhak, Linda Kloss, Jean S. Clark, Claire Dixon-Lee

Meeting Report

WHO-FIC Network Annual Meeting in Toronto, Canada, October 18-22, 2010



Margaret A. Skurka, IFHRO President-elect
Email: MSKURK@aol.com



Margaret Skurka attended the Annual Meeting of the WHO-FIC Network in Toronto, Canada recently. Margaret represents IFHRO on the Joint Collaboration between WHO and IFHRO and is a member of the newly formed EIC (Education and Implementation Committee), and represents the AHIMA for the volunteer side of the profession. These two groups, the Education Committee and Implementation Committee, previously operated separately, but have combined due to similarities in the work plan and objectives.

The theme for this year's annual meeting was "Data Makes a Difference," and that theme was evident in the plenary sessions, as well as individual committee meetings. The work of the EIC Committee includes the review of and future maintenance in an oversight capacity of the ICD-10 Training Tool, recently developed by the WHO.

The same applies to the new ICF (International Classification of Functioning, Disability and Health.) -eLearning Tool. These products will be made available free to the world in an effort to assist in

education and training in these two systems. These products, coupled with the educational material that currently sits on the IFHRO web site, will provide a suite of products for the field of Health Information Management basic education.

The EIC has also been working on the development of several "Information Sheets" in our specific areas of work ICD, ICF, Clinical Documentation, Uses of Coded Clinical Data, Mortality (Cause-of-Death) Data, and Civil Registration and Vital Statistics. These documents will be linked on the IFHRO web site, and some copies will hopefully be available at the Milan meeting. Wide dissemination of these free documents is encouraged---to anyone with an interest in accurate coded data, documentation, and statistics.

Other areas covered during the many abstract and poster sessions included Best Practices and Country Presentations. Reports were heard regarding the continuation of the Mortality Exam for Coders and the newly pilot tested Morbidity Exam. The intention is that following appropriate education and training, it will be possible for coders to sit for a certificate in these areas. This program could be adopted by the various WHO Regions, and be made operational with appropriate funding.

The next meeting of the WHO-FIC Network will be held in late March and early April in Budapest, Hungary. Plans are underway for the next Annual Meeting to be held in October of 2011 in Cape Town, South Africa.

Calendar of Events

- **HIMAA National Conference 2010** **Oct., 27 – 29, 2010 Sydney/ Australia**
<http://www.himaa.org.au/2010/site/default.html>

- **16th IFHRO Congress** **Nov. 15 – 19, 2010 Milan / Italy**
<http://www.ifhro2010.it>

- **11. DVMD National Conference:** **Feb. 19 – 21, 2011 Hannover/Germany**
<http://www.dvmd-tagung.de/>



IFHRO 2010
In collaboration with the World Health Organization



AIDOS

XVI Congress of International Federation of Health Records Organizations
 November 15-19 2010 | Milan, Italy

“Better Information for Better Health”
 The way forward to a safe, responsive and integrated healthcare

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New Venue: the Congress has been moved to Milan downtown MIC Milano Convention Centre, the most important congress centre in the north of Italy!

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IFHRO
The International Federation of Health Records Organizations is affiliated with the World Health Organization (WHO) and it supports national associations to implement and improve health records and the systems which support them.

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The Associazione Italiana Documentazione Sanitaria is the Italian representative of IFHRO.

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