



IFHIMA
International Federation of
Health Information Management Associations

2013-2016 Strategic Plan – Advocacy Domain Current Status Report and Action Plan

1. Background

This report has been prepared following a discussion group meeting held in Montreal, Canada, May 12, 2013 – at the 17th IFHIMA General Assembly, and after review of the IFHIMA Member Survey, that was conducted throughout 2012.

Attached Supporting Documentation:

- Participant Handout – Advocacy
- Notes from the Advocacy Domain Discussion Group held at the IFHIMA General Assembly on 12th May 2013

2. Introduction

Advocacy as a strategic goal within IFHIMA, is related to non-IFHIMA members and IFHIMA stakeholders, and looks to the broader positioning of IFHIMA within the international health community. The intention of this goal is to promote IFHIMA as an organization, and to promote and to influence health information management “best practices” internationally.

IFHIMA strives to continually strengthen and increase our international linkages and partnerships. In addition, there is a focus on supporting developing nations with Health Information Management initiatives and advancement.

This strategic goal dovetails nicely and integrates well with the other IFHIMA Strategic Domains of Membership and Knowledge Domain, which all share some of the same themes.

3. Current Status and Recommendations

The current status of the Advocacy Domain and related recommendations resulting from the Discussion Group held in May 2013 and recommendations for action – are detailed in the table below.

Discussion Point	Recommendations and <i>Status (in italics)</i>
1. Engage countries where HIM associations exist,	<ul style="list-style-type: none"> • Suggestion to focus on the Eastern Mediterranean Region. • Use current individual IFHIMA Associate Members as contacts

<p>that are not currently National IFHIMA members.</p>	<ul style="list-style-type: none"> • Detailed further within the “Membership Domain” document. • <i>2013 - New HIM Association formed in Barbados, and has joined IFHIMA. Regional Directors continuing to outreach within their portfolios.</i>
<p>2. Engage National Ministry of Health – for non-member nations. Encourage creation of National HIM Associations.</p>	<ul style="list-style-type: none"> • <i>Regional Director, Europe 2014 – has contacted Uruguay, Mexico and Portugal.</i> • <i>Regional Director, Europe - Meeting scheduled May 2014 with Portuguese Ministry of Health.</i> • <i>All Regional Directors seeking opportunities.</i>
<p>3. Contact WHO Regional Offices in an effort to gather support for National HIM Associations</p>	<ul style="list-style-type: none"> • <i>IFHIMA President attended May 2014, WHO World Health Assembly in Geneva. Met with Dr. Robert Jakob to discuss outreach opportunities.</i> • <i>July 2014 – invitation from WHO Regional Office, East Mediterranean, to attend Sept 2014 Conference. Negotiations underway to determine if funding will be brought forth to permit IFHIMA representation.</i> • <i>IFHIMA President in discussions with WHO, concerning their “Train the Trainer” model of providing ICD-10 training to the African continent. Regional Director, Africa involved in providing existing training centres in Africa, and identified 5 countries (Cameroon, Kenya, Mauritius, Nigeria and Tanzania), that have the infrastructure and teaching aids that would support such a WHO initiative. Planning and discussions are ongoing.</i>
<p>4. Identify countries that require support in establishing formalized HIM education. Special focus on Coding. Look for ways to provide educational materials at a reasonable cost.</p>	<ul style="list-style-type: none"> • Create a criteria listing, prioritize the countries that need support in professional HIM education. • Examples are Malaysia, Thailand, Brunei. Currently, HIM Professionals leave these countries and go to Australia to obtain their education. • Should IFHIMA consider sending volunteers as educators to these countries? • Is this a viable option, considering requirement of funding? • <i>2014 – IFHIMA Co-Chairing Global Health Workforce Council with AHIMA – to look at review of existing HIM curriculum globally, and establish guidelines for an international HIM curriculum. IFHIMA President, President-Elect, and Regional Director South East Asia, serving on Council, with representatives from each of the WHO regions.</i> • <i>2013/2014 Joint IFHIMA/AHIMA Book Donation Project, spearheaded by IFHIMA Membership Chair. Large project, major undertaking, engaging recipient countries, WHO, etc – to select 5 AHIMA publications, and have same shipped to HIM Educational Centres, in support of their programs.</i> • <i>As described in Point 3 above, WHO/IFHIMA jointly exploring a “Train the Trainer” model for Coding in Africa.</i>
<p>5. Outreach to non-member Nations with no HIM associations.</p>	<ul style="list-style-type: none"> • Create an IFHIMA – WHO volunteer lecturer/educator tool. • Send volunteer lecturers to these nations, to impart the need for HIM professionals and formalized HIM associations, as well as the need to be members of IFHIMA. • <i>2014 – Contact with Associate Dean, School of Allied Health Sciences and HIM, Manipal University, India, to</i>

	<i>discuss creation of HIM Association.</i>
6. Obtain funding from WHO to implement above suggestions.	<ul style="list-style-type: none"> • <i>Regional Director, Europe, working with WHO to arrange in-person IFHIMA Board Meeting, at limited cost, in Barcelona, Spain, during WHO-FIC annual meeting. Same to be free to IFHIMA.</i> • <i>IFHIMA President in continual dialogue with WHO discussing ambitious plans, and source opportunities for WHO funding.</i>
7. Explore funding entity/grants, to implement suggestions.	<ul style="list-style-type: none"> • <i>Regular discussion point.</i> • <i>IFHIMA Board successful in securing funding to attend various international conferences/task teams.</i>
8. Provide and promote virtual learning tools. Create partnerships between universities and teaching schools to provide web-learning.	<ul style="list-style-type: none"> • <i>Focus on developing countries. Be realistic in what can be provided and what the nations require.</i> • <i>IFHIMA long involved with WHO-FIC, Education and Implementation Committee. Establishing structure and content of coding nomenclature, for WHO.</i> • <i>Above collaboration resulted in the creation of on-line Coding software training modules..</i> • <i>Currently assisting WHO through IFHIMA representation on WHO-FIC EIC, on IDC-11.</i> • <i>HIM related Learning Tools and Procedures available free of charge, via IFHIMA Website.</i>
9. Provide Job Descriptions of HIM positions.	<ul style="list-style-type: none"> • <i>Focus on developing countries. May assist in informing local government of importance and role HIM Professionals play.</i>
10. Heighten awareness of IFHIMA and the profession, globally.	<ul style="list-style-type: none"> • <i>IFHIMA invited and attending Regional African Conference, hosted by HIMAN (Health Information Management Association of Nigeria), August 2014. Presenting “Better Health in Africa Enabled by EHR”</i> • <i>Regional Director, Africa, connecting with IMIA to advise on the Health Informatics in Africa (HELINA) conference to take place in Ghana, October 2014. Exploring opportunities for collaboration between Ghana and Nigeria – both who have health informatics associations and are members of IMIA.</i> • <i>IFHIMA to present poster at WHO-FIC annual meeting, Barcelona, Spain, October 2014 – on “Coding Education Around the Globe”</i> • <i>IFHIMA President invited to attend the Chinese Health Information Management Annual Conference, and to present “World Medical Management Landscape and Prospects”, September 2014.</i>

Review of Existing Relationships/Linkages

Organization	Status
International Medical Informatics Association (IMIA)	<ul style="list-style-type: none"> • <i>Memorandum of Understanding with IMIA. Jointly support each others organizations/conferences.</i> • <i>IFHIMA President attending the European Medical Informatics Conference, Aug/Sep 2014, presenting “eHealth Information Stewardship”, jointly with colleagues</i>

	from the USA.
World Health Organization	<ul style="list-style-type: none"> • IFHIMA very involved in WHO-FIC EIC. WHO Family of International Classification, Education and Implementation Committee. • Involved in the creation and implementation of the on-line ICD-10 training modules, sponsored by WHO • Currently involved in reviewing, advising and supporting content for ICD-11
The International eHEALTH, Telemedicine and health ICT Forum (ISfTeH)	<ul style="list-style-type: none"> • ISfTeH linkage created. Ongoing discussions involving joint interests.
Others	<ul style="list-style-type: none"> • Please refer to table above, containing information related to the various Health Information Management and Health Informatics, Regional and National relationships/linkages.

Suggestions of other Organizations to Reach Out to, to Build Linkages

- **World Association of Physiotherapists**
- **Other classification bodies (ie. SNOMED)**
- **HIMSS (Health Information and Management Systems Society)**
- **Professional Association of Clinical Coders (PACC-UK)**
- **UNICEF (United Nations International Children's Emergency Fund)**
- **International Labour Organization (ILO)**
- **Health Metrics Network**
- **Gulf Countries Council (GCC)**
- **UNESCO – United Nations Educational, Scientific and Cultural Organization (to get HIM jobs officially recognized)**

Feedback from 2012 Membership Survey – Related to ADVOCACY

- 1) Communication between countries and members a must. Global News widely appreciated.
- 2) Could be more information shared as to what HIM member nations are doing, and whether or not they have opportunities to influence and collaborate with IFHIMA on global projects.
- 3) IFHIMA is not well known to all HIM professionals. Suggest IFHIMA needs a louder voice on the international stage.
- 4) Not a lot of regular international HIM seminars/conferences – and lack of funds to attend same if they did exist.
- 5) Fear that other disciplines may absorb traditional HIM roles, ie Health Informatics. Particularly in developing countries.
- 6) Engage regional HIM associations to provide communication between same and IFHIMA. Maybe have regional forums on topics of interest to IFHIMA.
- 7) Engage local decision makers (ie. Government) to advertise skills and knowledge of HIM's, and the importance of improving data collection systems and source documents that feed them.
- 8) Consider branching IFHIMA membership to non-HIM's.
- 9) Help develop HIM Associations in countries where they do not exist.
- 10) Use WHO to all potential UN member countries, advocating for the HIM profession.
- 11) Have IFHIMA President or delegate meet with developing country decision makers/politicians.

- 12) The HIM profession, is often not well advertised or recognized in the individual countries.
- 13) Pursue multi-national affiliations.
- 14) Become involved in high level committees.
- 15) IFHIMA look for opportunities to target high level committees with no HIM representation, and position HIM's to become members.

4. Considerations:

- A) IFHIMA has a limited annual income and realistically, many activities are constrained by a lack of finances. Exploration to source additional revenue opportunities are under discussion regularly at the Board level.
- B) IFHIMA Board Members are volunteers, all holding employment - and fulltime dedication to IFHIMA and to rapidly generating growth and building partnerships, can be difficult, due to competing interests.

In Summary:

The IFHIMA Board has done incredible work in supporting Advocacy through the projects and partnerships described above. The Board will continue to engage members and volunteers, and will strive to continually increase and strengthen linkages, looking for opportunities of promoting Advocacy on the international stage, whilst being cognizant of associated costs in doing so.

Respectfully Submitted
Marci MacDonald
11 July 2014