A Brief Report from Lyon

MedInfo 2019, titled Health and Wellbeing e-Networks for All, was held in Lyon, France from August 25 – 30, 2019. The MedInfo meeting is sponsored by the International Medical Informatics Association and held every two years. Although held in English, the conference included special sessions in Chinese and French. Topics covered on the program included telehealth, human machine interaction, predictive analytics, ICD-11, SNOMED-CT, EHRs, patient engagement, education, and workforce development, among many others. The general sessions were "European Vision of Medical Informatics, Artificial Intelligence in Medicine, Drawing reproducible conclusions from observational clinical data with OHDSI, Capacity Building and Embedded Research to Strengthen National Health Information Systems," and "From biological genotype to digital phenotype." The historical setting of Lyon, where two rivers converge, was a beautiful place for the conference. There were silk tunnels and a cathedral to explore, with many wonderful restaurants.

Some highlights are shared below.

Workforce and Education
There were several stimulating papers discussing workforce and education. Butler-Henderson and Gray[1] presented the findings from the inaugural Health Information Workforce Census, a tool used in Australia to capture data about the health information and informatics workforce. A global first, the data captured from the census has informed workforce planning and forecasting. A simulation model to identify future needs and supply of physicians was introduced by Relić, Fišter and Božikov[2]. Marc et al[3] presented the findings from a global analysis of workforce recruitment adverts. Their analysis showed different trends across different countries, theming roles based on required skills and knowledge: 1). technology focused; 2). clinically focused; 3). compliance focused; and 4). sales/marketing/management focused. Global trends in countries with developed health information/informatics systems allows other countries to monitor for their own workforce development and future forecasting. A skilled workforce is essential when implementing health information and communication technology, with Celis et al[4] discussing their strategy to create such a workforce in Buenos Aires. In Croatia, they are developing the biomedical informatics workforce, with Fister et al[5] discussing the opinions of educators.

Almalki, Househ and Alhefzi[6] presented the recently launched the Saudi Arabia Health Informatics Competency Framework. This framework, based on existing frameworks from Australia, Canada and the United States of America, has been developed to be used as an evaluation tool by individuals, employers, government, and educators. An update to the TIGER International Framework of Core

[1] Butler-Henderson K & Gray K (2019). Glimpse at the Australian health information workforce: findings from the first Australian census. Stud Health Technol Inform 264:1145-1149.
[2] Relić D, Fišter K, & Božikov J (2019). Using simulation modeling to inform policy makers for planning physician workforce in healthcare system in Croatia. Stud Health Technol Inform 264:1021-1025.
[3] Marc D, Butler-Henderson K, Dua P, Lalani K, & Fenton SH (2019). Global workforce trends in health informatics & information management. Stud Health Technol Inform 264: 1273-1277.
[4] Celis J, Baum A, Giussi Bordoni MV, Alassia L, Stieben A, Franco M, & Bernaldo de Quirós FG (2019). Workforce development strategy for health information system implementation at the public health system of Buenos Aires. Stud Health Technol Inform 264: 1905-1906.
[5] Fišter K, Belani H, Relić D, & Erceg M (2019). Biomedical informatics workforce in Croatia: qualitative analysis of teachers' opinions on needs and employment opportunities. Stud Health Technol Inform 264: 1921-1922.
[6] Almalki M, Househ M, & Alhefzi M (2019). Developing a Saudi health informatics competency framework: a comparative assessment. Stud Health Technol Inform 264: 1101-1105.

Competencies in Health Informatics 2.0 was provided by Hübner et al[7]. The framework has been developed to specify informatics competencies within nursing roles. Fenton, Ross and Simmons[8] presented the introduction the first known professional doctorate in health informatics, developed at the University of Texas. The program aims to provide a doctorate in health informatics, with a strong coursework component, to produce evidence-based professionals. Higher education biomedical and health informatics training in Europe was outlined by Kolokathi et al[9]. They presented a detailed database of educators throughout Europe in this field. Liu, Liu and Li[10] examined the differences between medical/health informatics education across China, Japan and South Korea. Whilst Japan and South Korea offer contemporary programs, there were few educational offerings in China.

Authors:

Dr. Kerryn Butler-Henderson and Dr. Susan Fenton

[7] Hübner U, Thye J, Shaw T, Elias B, Egbert N, Saranto K, Babitsch B, Procter P, & Ball MJ (2019). Towards the TIGER International Framework for Recommendations of Core Competencies in Health Informatics 2.0: extending the scope and the roles. Stud Health Technol Inform 264: 1218-1222.

[8] Fenton SH, Ross A, and Simmons D (2019). Training leaders in health informatics. Stud Health Technol Inform 264: 1184-1188.

[9] Kolokathi A, Hasman A, Chronaki C, Madsen I, Moen A, Randell R, & Mantas J (2019). Education in biomedical and health informatics: a european perspective. Stud Health Technol Inform 264: 1951-1952.

[10] Liu J, Liu S, & Li Y (2019). Comparison of medical/health informatics education at the best global universities for clinical medicine in mainland China, Japan and South Korea. Stud Health Technol Inform 264: 1958-1959.