Snow is falling in much of the northern hemisphere while glorious summer is being enjoyed in the southern hemisphere. I like to think that this reflects the constants of life while we have dealt with a year of the COVID-19 pandemic and the dramatic changes (in most of the world) due to the associated economic and health fallouts.

Despite all the change, and unknowns of what 2021 will bring, IFHIMA has progressed activities supporting our new Strategic Plan, albeit at a slower pace than we initially contemplated.

- **ICD-11 Whitepaper.** Articles within this issue of Global News highlight the newest IFHIMA asset which should be particularly valuable as nations and organizations begin the ICD-11 journey.
- **Workforce Whitepaper.** In mid-2021 IFHIMA will release a whitepaper addressing the demands and future needs of the global HIM workforce.
- **Information Governance (IG) Whitepaper Update.** We will update the 2017 IG Whitepaper to reflect new practices, successes, and the ever increasing importance for governance in healthcare’s digital age.
- **Each Pillar of the Strategic Plan has had two meetings, with specific activities underway to create new assets, define needs further, or explore new partnerships or activities.**

Our membership remains robust with new corporate and associate members. Additionally, our database (MailChimp) of interested global colleagues and our LinkedIn membership continues to grow at a strong pace.

The latest IFHIMA whitepaper has produced some phenomenal statistics that validate the importance of IFHIMA’s work.

- Visits to the IFHIMA website increased 236% after the whitepaper launch
- Hits to the whitepaper section of the website increased 396%
- Followers of the IFHIMA LinkedIn Group increased by over 25%
WHO and ICD-11

If you’ve not visited the IFHIMA website lately, take a few minutes to see all the new content. And, consider joining IFHIMA to support our vision and activities. Membership information can be found here or contact Marci MacDonald our Membership Chair. Your membership contributions allow IFHIMA to undertake new initiatives to advance our vision “A healthy world enabled by quality health information.”

My consistent wish for the IFHIMA community--Be well, stay safe!!

Lorraine Fernandes, RHIA
IFHIMA President, 2019-2022

IFHIMA Releases Whitepaper to Foster Planning and Adoption of ICD-11 Around the World

In 2019, the World Health Assembly formally adopted the International Classification of Diseases (ICD) Eleventh Revision (ICD-11). It will officially go into effect on January 1, 2022 at which time the World Health Organization’s (WHO) member nations can begin reporting morbidity and mortality statistics using ICD-11. Given the advancements in health science and medical practice over the last 30 years, the WHO has updated the classification for the 21st century with the goal to better reflect contemporary medicine while aligning it with enhancements in information technology.

A new whitepaper published by IFHIMA discusses how early planning, coupled with HIM leadership, is critical for countries transitioning to ICD-11 in an increasingly digital and data-oriented world. Ministries of Health (MOH), policy makers, health system executives, HIM professionals, revenue-cycle/coding consultants, and vendors should find it especially helpful.

This whitepaper, along with the associated global case studies, delves into some of the specific challenges and accomplishments that countries and HIM professionals may anticipate as they embark on the journey to adopt ICD-11. Topics include benefits of ICD-11, workforce development and education, language translation, field testing and implementation strategies. It was written with collaboration among a group of IFHIMA members from countries including Australia, Barbados, Canada, Egypt, Indonesia Japan, the Kingdom of Saudi Arabia, Republic of Korea, Nigeria, Spain and the USA.

IFHIMA published this whitepaper in order to facilitate awareness and foster readiness within the global healthcare community for the implementation of ICD-11. Quality health information underpins all facets of healthcare policy, delivery system design, patient engagement, and economic advancement of health and healthcare.

IFHIMA is committed to the advancement of health information management practices and the development of its members for the purpose of improving health data and health outcomes. As many countries are in the process of reviewing projected timelines and resources needed to prepare for this transition, HIM professionals around the world play a critical role. Now is the time to become knowledgeable about ICD-11 and inform the conversations within your countries and your organizations.

Author:
Ann Chenoweth, MBA, RHIA, FAHIMA
AHIMA National Director to IFHIMA
ICD-11 Workgroup Chair

A Case Study on WHO/Eastern Mediterranean Region (WHO/EMR) ICD-11 Workforce Development - Piloting and Implementation

We discuss in this case study of the IFHIMA ICD-11 white paper, the piloting and implementation of the International Classification of Diseases 11th Revision (ICD-11) in the countries of the Eastern Mediterranean Region under the World Health Organization (EMR/WHO), following its release in May 2019 by the World Health Organization (WHO) in Geneva, and the release of the full Arabic translation to the public in October 2020.
WHO and ICD-11

In principle, the initial wave of implementation workshops in EMR countries were successful, providing valuable feedback for the complete roll out of ICD-11 to the Country, EMR Office, and WHO headquarters. The initial wave included seven countries out of the twenty-one EMR countries including Egypt, UNRWA, Tunisia, Iran, Kuwait, Jordan, Saudi Arabia and Iraq which participated and/or planned for workshops at the country and regional levels with focus on the level of involvement of the Health Information Management (HIM) professionals and medical coders.

Based on this experience, we focus on HIM professionals and the value of contribution to the planning and implementation of ICD-11, highlighting critical observations at WHO/EMR countries including: lack of definition of the HIM role, lack of their experience, lack of their recognition and engagement in the ICD-11 implementation, limited experience of HIM professionals involved, and the government institutions and ministries efforts to address these gaps. We highlight the opportunity of HIM professionals to connect at a global scale to address these challenges.

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WHO-Family of International Classifications-Education and Implementation Committee Annual Network Meeting Report

On 20 October 2020, WHO-Family of International Classifications-Education and Implementation Committee (WHO-FIC-EIC) met via Zoom, with over 95 participants from across the globe. IFHIMA has long been a member of this vital group (many times our members have served in a Co-Chair capacity) which intersects closely with the HIM profession, namely due to our involvement in the collection of clinical health information. WHO relies on accurate and timely reporting. The data collected is utilized not only by the regions and nations collecting the information, but by WHO to formulate a vision of population health the world over.

This article is intended to give a brief overview of some of the highlights from this meeting.
WHO and ICD-11

The Co-Chairs of the Committee at the time of the meeting were Vera Dimitropoulos from Australia and Sharon Baker from Canada. After years of valuable leadership to the Committee Ms. Dimitropoulos stepped down as Co-Chair, and Mr. Carlos Guevel from Argentina was acclaimed as the new Co-Chair, with Ms. Baker retaining her position for another term.

One of the focal points of discussion was the WHO Academy, a newly formed division within WHO, created to support global education for all disciplines. One of the submissions from the Classifications Division was put forth to create educational programs related to the implementation of ICD-11. Many proposals were submitted across the WHO organization, and we are most pleased that the ICD-11 course was one of the 20 approved by WHO, and is one of the 10 that are planned to be released in May 2021, at the time of the World Health Assembly.

The target audience for this program is the health coding workforce and users of coded data, including implementers and decision makers. The program will have a physical presence with an office in Lyon, France, but also rely on remote e-learning. The program will be competency based, building on knowledge transfer, and will be globally accessible, in addition to providing off-line capabilities. The specific details are currently being finalized. It will also be multilingual, offered in at least six of the WHO official languages, with the ability to be translated to others as required. The actual format will be organized into learning modules. A process will be created to measure impact based on outcomes and learning analytics, in order to provide feedback on the value and positive impact of the education offered. WHO is planning to issue certificates for students completing the program successfully, but stressed that this is only to validate that a student has complete their course, and in no way will they be credentialling or accrediting students. This will still be up to each nation’s own certification/accrediting criteria. There was also discussion of countries perhaps utilizing the WHO ICD-11 WHO Academy training program as either an introduction to their own educational system, or adopting and adapting the WHO program into their own ICD-11 educational offerings.

The program segments will be split into:

- Fundamentals – introduction to ICD-11, WHO-FIC, ICD-11 Coding and tooling environment, medical documentation and ethics, and basic medical science.

Thank you to all our sponsors that made the IFHIMA ICD-11 whitepaper possible!
WHO and ICD-11

- In-depth Core Coding – mortality and morbidity, coding with ICD-11, medical certification of death and differences between ICD-10 and ICD-11
- In-depth Core Implementation Management, Analysis and Informatics – implementation management, analyzing data, integrating ICD-11, API's (Application Programing Interfaces) in software
- In-Depth Additions – patient safety and quality, functioning assessment and coding traditional medicine

IFHIMA has been pleased to assist WHO by providing input to the proposal to the WHO Academy on ICD-11 training, as well as providing input and advice surrounding the course structure and required prerequisites for students. IFHIMA members from the various membership categories were involved in responses to the WHO team, and we cannot thank you all enough for your participation!

The remainder of the meeting was most interesting, with multiple representatives from all over the globe giving updates on their plans with the ICD-11 implementation process, as well as a review of the WHO-FIC-EIC Strategic Plans for the coming years.

IFHIMA considers their NGO in official relations connection with WHO a very valuable strategic partnership, and we look forward to providing ongoing support as ICD-11 implementation continues to spread around the world!

Please access the WHO website for further information and details related to this topic.

https://www.youtube.com/watch?v=_pE_Mai4A9U

Respectfully submitted,

Marci MacDonald
IFHIMA Past-President/Membership Chair

WHO Introduction to ICD-11 Webinar

9 November 2020

WHO is now offering educational webinars on ICD-11. I had the pleasure of attending the first one, and recommend other interested parties consider doing the same, as WHO will be offering a series of webinars over the next several weeks.

In addition to the Introduction of ICD-11, there are three areas of focus:

- IT integration
- Implementation and exercises
- Examples included to aid coding professionals

Of note, did you realize that approximately 70% of the world’s health expenditures are based on ICD coding? HIM’s are very important, and provide the foundation to a great deal of decision making! The below link provides further documentation related to this 70% statistic:


This additional link below, gives a good overview of the importance of collecting data through coding, on a global scale:

https://www.youtube.com/watch?v=tZFcoYfnwiM

Some notable facts related to ICD-11 containing more relevant coding detail:

- 17,000 categories
- 80,000 entries
- 120,000 terms
- 1,600,000 terms recognized

ICD-11 therefore has more detail and specificity than ICD-10. Of note, there are specific enhancements in the coding related to HIV stages, definition of sepsis, subtypes...
of melanoma, pulmonary hypertension, MI - STEMI and non-STEMI, male fertility, code combinations, land transport accidents (high versus low traffic flows) and traditional medicine. More recent examples of new additions to the coding nomenclature are COVID-19, diseases related to gaming and expansion of allergies, to name a few. Overall, this is seen as a 21st century classification system, with intuitive user guidance, embeddable terms, and can be accessed offline and online. You can download and print a paper copy – BUT – there really is no need!

A demo was given, and it really is simple to use. The diagnosis is typed in and choices appear. And – it truly is multilingual. A “globe” appears on the top right of each screen, and by clicking on this, you can select whatever language you prefer from a comprehensive listing displayed – with the screen immediately appearing in the language of your choice.

The presenters also explained that should the need arise to add new codes, a transparent public process is in place. A request for new coding can be submitted and thereafter vetted by WHO medical scientific teams – who will determine the requirement of new codes.

On 1 January 2022, ICD-11 officially will come into effect, with each country deciding when they would like to implement ICD-11 for mortality and morbidity coding and reporting.

Some questions were posed concerning country modifications, and frankly, I agree with WHO in that the system is so dynamic, there really does not appear to be a compelling reason to create a country specific modification. If a nation feels this is necessary, WHO is committed to working with them to cover any issues they may have within the existing algorithms.

Other notables – within 2 months it is anticipated ICHI (International Classification of Health Interventions) will be available for review. Also, ICD-O (oncology) has been integrated into the ICD-11 Oncology/Tumour chapter. Personally, I think a good call!

Overall, I was impressed by the demo. It appears to be a fairly simple implementation, will definitely result in more specific coding and better content and is multilingual. Having lived through ICD-9 to ICD-10, I think the majority of practitioners will find this transition much easier.

Please feel free to access the WHO ICD-11 video referencing Questions and Answers related to ICD-11:

https://www.youtube.com/watch?v=_pE_Mai4A9U

Respectfully submitted,

Marci MacDonald
IFHIMA Past-President/Membership Chair

Calendar of events

Japan Society of Health Information Management (JHIM)
September 16-17, 2021
Theme: Health information management that brings the future ICD-11 and information sharing that expands to the field of medical care, long-term care, and support for life.
Virtual
Language: Japanese

AHIMA
September 18-22, 2021
Virtual
Language: English

CHIMA
October 5-6, 2021
Virtual
Language: English

IFHIMA 20th Congress
October 26-28, 2022
Brisbane, Queensland. Australia

Please visit IFHIMA.org for most recent events.

Webcast
COVID-19
On Demand

IFHIMA is pleased to share the webcast recording from our May 2020 webcast “IFHIMA COVID-19 Survey Results.” This recording and the questions participants shared during the webcasts are a culmination of the survey work conducted in late March through mid April 2020. We thank the IFHIMA members for their strong participation and rich comments shared.

Watch the Webcast >
Two memorable milestones: Chinese Medical Records celebrates 100 Years and the journal celebrates 20 years

The 29th Academic Conference of Medical Record Committee of China Hospital Association

The First Teaching Hospital of Tianjin University of TCM, China. Tao Li. (300193)

The 29th CMRA Congress 2020 was held on September 23 to 25 in Changsha, Hunan. This year marked the Chinese medical record’s 100 years and Chinese Medical Record journal’s 20 years, which makes 2020 a memorable year for all Chinese medical record professionals. Over 1317 delegates from all over the country attended the conference, 41% senior titles and 336 papers were submitted.

The Opening Ceremony host was Yun-Bo Ma (Secretary-general of CMRA), Deputy director of health committee in Hunan province, Vice president Xiang-Ya Hospital of central south university, CEO of Hangzhou Wahoo technology Co. Ltd, Director of CMRA attended the opening ceremony and delivered a speech.

Celebration of 100 years Chinese Medical Record.

Yan-Sheng Hu(President of CMRA) of delivered the opening speech

The summit had the following speakers that addressed a variety of related topics:

Yan-sheng Hu
Director of CMRA
Analysis of the national medical record contest

Yi Wang
National medical record quality control center’s director
Depth parsing of performance appraisal related medical record data

Gui-Ying Zhang
Vice-president of Hangzhou Wahoo technology Co. Ltd
Medical record work new ideas from medical insurance listing

Shao-Yu Zeng
Chengdu medical record quality control center’s director
Medical treatment data’s analysis in depth and medical quality lifting based on disease risk adjustment

Min Jin
Director of medical record and the information statistics of Xiang-Ya Hospital of central south university
Ambulatory surgery medical record writing standards and quality management

Yi He
Director in medical record of Tong-Ji hospital of Huazhong University of science and technology
Concentric to relief the livelihood-Tongji hospital epidemic war documentary
Ning Wang  
Leader of professional education team of CMER  
Atony Wu-Han Retrograde, Medical Treatment Victory

Da-Wei Zhang  
Manager of medical industry research  
Electronic medical records archiving and whole process quality control

Feng-Hua Yang  
Manager of electronic file department  
Hospital electronic medical record the paperless construction

Yong-Bin Zhu  
Director of medical matters department of The second teaching hospital of Zhe-Jiang University  
AI application in the health and safety management of medical record quality control

Mu Sun  
Director of medical record and the information statistics of Hospital affiliated Shanghai Communications University  
CHS-DRG careful grouping recommend

Lv Xuan  
Director of national DRG paying pilot technology committee  
Strengthen the basic management to ensure the quality of public hospital performance evaluation upload data

Jian-Jun Jiao  
National health insurance bureau technical guidance expert and leader of listing standard group.  
National health insurance fund settlement listing

Zhao-Yang Chen  
Chief product manager  
Strengthen quality management of medical record home page and support the DRG management

Xun Li  
Director of Xiangtan healthcare information center  
Health insurance aid medical record data quality improvement

Qing-Hong Li  
National health insurance bureau technical guidance expert  
Basis and principles of ICD of GHS dictionary bank

Jiang-long Duan  
Director of medical matters of Shanxi province People’s Hospital  
AI application improved the quality of medical record data

Wan-Qing Li  
Pre-sale consultant  
Intelligent quality control application in medical record data management

Xin Liu  
Professor of China University of political science and law institute  
Challenge and countermeasures medical records writing management on new background

Awards: No.1 of Hebei province team. The torch handover: Cheng-Du of Si-Chuang province will be the next site.  
Closing Ceremony: Guan-Wei Suo (Tianjin) delivered the closing speech. Some of the key highlights included the
discussions around. Home page of medical records and Medical insurance settlement are equally important, the key role that AI will play in COVID-19 and accelerating the paperless process of medical records.

Author introduction

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Our International Strength

Over the past 70 years the international movement has grown into an International organisation which has been able to develop and strengthen to the strong professional body we are today. The strength of our Association, IFHIMA, rests with all members in countries around the world. We must remember that we are not individuals working alone, we are each a link in a chain of individuals working as a whole. Therefore we must individually support and work for IFHIMA in every way possible if we are to continue to progress and grow. This can be done by communicating on a regular basis, using whatever form of communication we have, and in today’s world there are many electronic opportunities available. There is also “snail mail”, although with the pandemic it is even slower than in the past!

As we move further into the 21st Century, the health information profession will continue to face many challenges and changes, some of which we have seen during 2020 and now into 2021, with the COVID-19 pandemic. The world has changed for me over the past year and I am sure many of our members have experienced issues which have affected their work and personal life. Issues which are still having a devastating effect around the world as health experts in all countries are struggling to contain, and hopefully stop, the spread of the coronavirus.

The Global News is a great way to communicate experiences and enables us to learn from each other. I would be interested in read how the Pandemic has affected members during their day-to-day work. Although not classed as “essential workers” I believe HIM’s have an important role in ensuring the clinical information in a patient’s health record is accurately classified and morbidity and mortality data is readily available when needed by their health care facility and government.

I wish all members all the best for 2021 and hope we will all stay well and safe during the next 12 months.

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Fueling the Spirit of Change within the HIM profession: A Barbadian Perspective

“If there is no struggle, there is no progress. Those who profess to favor freedom, and yet depreciate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one; or it may be a physical one; or it may be both moral and physical; but it must be a struggle. Power concedes nothing without a demand. It never did and it never will.” Frederick Douglass address on West India Emancipation, delivered August 4, 1857. (Taken from American Social History Project/Centre for Media and Learning at The Graduate Center, City University of New York website)

As Health Information Professionals in Barbados are continually sidelined, the time to embrace the words of Frederick Douglass is now more pertinent than ever. Unfortunately, there are ingrained factors within the Barbadian society that could and would stifle this progression among the Health Information Management sector. One main factor is the nurses and doctors heavily influence the Barbadian health care system. There is little to no acknowledgement or recognition of the Health Information Management profession and its contribution to the holistic and successful functioning of the Health Care System. This is not only toxic, but hinders creativity, innovation and underpins the confidence of Health Information Managers in the island. This will not only retard the efforts in galvanizing health care to the next level but, could be a detriment to society.

From its inception in 2013, the Barbados Health Information Management Association (BHIMA) has been tirelessly working behind the scenes to raise awareness about the HIM profession. From world class international conferences to community public talks and even media appearances, but, sadly even these efforts seem to be in vain. The plethora of opportunities and developments missed while the wheels of change slowly turned could foster feelings of defeat, despair and even unimportance within the profession. But, as Frederick Douglass inferred, progress is a struggle. However, how should one defeat this struggle? There is no denying that keeping the passion alive is no easy feat. However, incorporating certain strategies in one’s professional life would make the journey less daunting and more purposeful.

Educate, educate, educate- Never assume persons know what Health Information Management is even if they are in a position that they should know. This action goes beyond the sharing of information, but rather it involves taking the time to understand what type of information needs to be shared and how best to share it.

Agitate- Health Information Professionals must agitate for change. There will always be opposition but did this stop the slaves from fighting for their freedom? Should women stop fighting for equal rights although some may be offended? The past has taught us that great advances throughout human history were achieved through agitation and it is continuing to this day.

Let it collapse- Sometimes the only way organizations will learn is when policies fail. This is an unfortunate reality, but that is how we all learn, through our failures. This is not to suggest that we throw in the towel and say “whatever will be will be”. Always document the problem(s) and bring it to the attention of the relevant authorities. Highlight why it is a problem and the issues that would ensue if the problem(s) is not rectified in a timely manner. If this route is unsuccessful, there are two possibilities that would emerge when problem(s) do occur. The organization will either look to the Health Information Professional for the improvement and the maintenance of organizational policies or the organization would never heed the warning. Either way, you have tried.

Preparation- “If you fail to prepare, prepare to fail.” While the Barbadian environment is not conducive for growth in the Health Information Management Sector, Health Information Professionals should not use this as an excuse to avoid developing and refining their skillset. While it may seem like a futile endeavour, Health Information Professionals must put themselves in a position to give expert advice and lead the revolution when the opportunity arises.

Self-limitation- Often times we lack passion and zeal for advocacy because of the limitations we place on ourselves which restricts and prevents our growth and creativity. Health Information Professionals must take risk and recognize their self worth and valuableness to the health care sector.

Adopt self-care regimes- The COVID-19 pandemic has taught some of us the value of slowing down. Breaks are necessary to reduce the frequency of burnout and frustration. During this time Health Information Professionals should take time to reflect, celebrate and recalibrate their thoughts on making an impact in the public health arena.
As we begin 2021, it is my hope that health information professionals around the globe who are experiencing similar issues not to give up and continue to soldier on. Remember there is no progress without struggle.

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The Impact on the Pandemic of Covid-19 for Health Information Managers in Japan

Covid-19, which is raging all over the world this year, continues to pose a great threat to humankind and a blow to our lives. In Japan, as of November 6th, the number of infected people is 105,082 and the number of deaths is 1,808, and the medical institutions are significantly affected.

The Japan Society of Health Information Management (JHIM) has canceled all face to face events, including the annual academic conference this year, and is switching to holding events virtually.

In July, the JHIM conducted an online questionnaire survey to evaluate the impact of Covid-19 with 4,624 members of the JHIM. The number of respondents was 699, and 517 of whom were health information managers. About half the health information managers responded there was no impact on their work. This is because not all hospitals where health information managers are working accept Covid-19 patients.

Some health information managers who were affected by the pandemic reported that they needed to help other medical staff in addition to their regular work and they had to pay attention to infection control from paper documents. It had a significant impact on health information management in Japan that there were a few activities as an information manager in the responses of the questionnaire. Japan doesn’t have a disease statistics center like the US Centers for Disease Control and Prevention (CDC). It is of concern regarding the fact that how we evaluate the quality of the data gathered without the ability to collect national health data in real time in Japan. There is growing interest in data quality which would provide an opportunity for health information management in Japan.

ICD-11 will promote the introduction of information technology, data sharing, and utilization on an international scale. I hope that the importance of health information management will be recognized in Japan and the laws and environment will be improved in order to manage high-quality morbidity statistical data.

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AHIMA20 Wrap-up

Although AHIMA20 was entirely virtual it was still the place to be for cutting-edge education, or for those interested in emerging technologies or fostering new professional connections. Here are some highlights.

Keynote Speeches

Despite the virtual nature of AHIMA20, General Session speeches and keynote addresses were a highlight of the event. AHIMA CEO Wylecia Wiggs Harris, PhD, CAE, struck a hopeful note in her AHIMA Day General Session speech even as she acknowledged the emotional toll that the COVID-19 pandemic, racial and political unrest, and economic turmoil had on her personally.

“The first few months of the pandemic, all I could see was the loss—both on a personal and professional level. And, the losses were real. The fear that I felt was real. And, so too, was the anger,” said Harris.

Despite the burdens of a pandemic that profoundly impacted the lives and careers of all healthcare professionals this year, Harris pointed to successes and progress AHIMA has made and will continue to realize, such as:

- After the death of George Floyd this summer, AHIMA released a statement that outlined the connection between health disparities and incomplete and inaccurate health data.
- The AHIMA Foundation mapped out a new strategic vision and programmatic agenda focused on promoting data-driven changes and eliminating barriers to better health outcomes and healthcare equity.
- AHIMA led the creation of Patient ID Now, a group of like-minded industry stakeholders advocating for policy action to solve patient identification and matching issues.
- The closing keynote of AHIMA20 was delivered by Leana S. Wen, MD, MSc, FAAEM, an ER physician and an on-air medical analyst for CNN and a contributor to the Washington Post. She is a former health commissioner for the city of Baltimore.

In her speech, Wen noted that COVID-19 has highlighted disparities in health outcomes. “These problems existed before COVID, but COVID is bringing them out.”

The collection of elements of social determinants of health is long overdue, she said. “There is quite a significant role of health IT in this. All of you can be tremendous help in getting the focus not only on healthcare, but on health.”

Wen urged attendees to “look at what needs to be done in your community, see where what you do adds value, and just start somewhere. Do not underestimate the work you do because it’s so critical.”

House of Delegates Report

During the annual AHIMA House of Delegates gathering that occurs during every annual conference, Delegates heard from AHIMA Practice Director Julie Pursley, MSHI, RHIA, CHDA, FAHIMA, and Keisha Tolbert, MAM, RHIA, CHPS, who discussed AHIMA’s new Patient Matching Naming Policy Pledge. AHIMA has created a naming policy that, when adopted, will help bridge the gap in patient mismatches and promote better interoperability and sharing of health data. Health information professionals are asked to pledge to advocate and educate members and other key stakeholders on the importance of naming policies in our healthcare organizations. Individuals can sign the pledge here.
House members also heard from AHIMA president Ginna Evans, MBA, RHIA, CPC, CRC, FAHIMA, board member Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, and CEO Wylecia Wiggs Harris, PhD, CAE, who discussed the state of AHIMA. Harris touched on the themes of community and hope, as well as AHIMA’s enduring statement of purpose: “The primary purpose of AHIMA as a member association is to commit to excellence in the management of health information for the benefit of patients and providers.”

Delegates also acted as thought leaders in breakout “pathfinder” sessions where they discussed topics such as data governance, patient identification, health equity, public health, revenue cycle, ethics, and telehealth. Their feedback will be used to identify future opportunities for AHIMA and its members.

**Pitch Competition**

For AHIMA’s second annual Pitch Competition—where healthcare startups compete for funding opportunities, general session attendees became judges and were asked to vote on the top three finalists after listening to competitors’ pitches. Ultimately, general session attendees decided that Candlelit Therapy, a virtual mental health clinic, had the best pitch in answering the question “How might we use health and human data to identify social determinants of health to improve patient outcomes and healthcare systems?” Candlelit Therapy won the top prize, $5,000, and the second-place winner, Augmented Intelligence, received $2,500.

Candlelit Therapy’s platform was designed specifically to reach women of color before, during, and after pregnancy, which the company’s founders believe will help address disproportionate maternal mortality rates of Black women and reduce health disparities among black women and families.

Compiled by the Journal of AHIMA team

The Health Information Management Association of Australia (HIMAA), once again, delivered an informative and thought-provoking conference for both Australian and international health information and healthcare professionals! Delivered via virtual platform, this epitomized the conference theme: ‘Health Information Management: Enabling Better Health in a Digital World’. The 37th National Conference was delivered over two days on 29th and 30th October, and included key-note presentations by Professor Michael Kidd (Principal Medical Advisor, Australian Government Department of Health), Barry Sandison (CEO, Australian Institute of Health and Welfare), Dr Stephen Duckett (Health Program Director, Grattan Institute), Robert Jacob (WHO), Melanie Endicott (AHIMA), and Lorraine Fernandes (IFHIMA President). There was also a wonderful motivational session by Shade Zahrai, as well as presentations from many other exemplary speakers. Topics surrounded digital health and the unprecedented times that the world is currently facing, mapping terminologies, the diverse range of health information roles, clinical coding auditing and data capture around the globe, ICD-10-AM Twelfth Edition and AR-DRG Version 11.0, privacy, and research. Clinical updates on haematology, lung cancer, ophthalmology, and head and neck surgery were also delivered. Attendees were able to discuss all of these

It wouldn’t be a HIMAA conference dinner without Linda Westbrook & Jenny Gilder dancing up a storm!
important topics in the virtual workshops, and break-out and meeting rooms, as well as ask questions of the presenters through the live Q & A and chat function. Virtual vendor exhibitions were also held throughout both days.

The virtual format did not hinder a fabulous social networking function – A virtual conference dinner was held where a professional chef ran a live cooking master class. Participants were provided recipes for a delicious homemade gnocchi in advance and everyone cooked the same meal from the comfort of their own kitchens! Attendees were then randomly assigned to virtual breakout rooms so they could enjoy some dinner conversation over their meals.

HIMAA thanks the sponsors 3M, Independent Hospital Pricing Authority, Allscripts, Clinical Documentation Improvement Australia, InfoMedix, and Cyberscience Corporation for their support in providing a successful conference.

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The Saudi Health Information Management Association (SHIMA) held the first annual conference on December 12-13, 2020, titled “Empowering Health Information Management Professionals”. The main objectives of the conference were to empower HIM professional through sharing knowledge, showcase studies, lessons learned, and international expertise. The conference attendees were from various backgrounds that included clinical and non-clinical professionals and students which represents the targeted audience of SHIMA. Moreover, the inclusion of regional and international attendees from nearby countries was considered as SHIMA is the only organization of its kind in the region.

The conference aimed to bring Subject Matter Experts in HIM and related fields. The panel included speakers from Saudi Arabia, Oman, UAE, Kuwait, Australia, and USA where interactive sessions were held in addition to networking opportunities that involved educational institutions.

The conference covered wide range of HIM and related aspects such as value-based health care (VBHC) as a major theme in the KSA healthcare transformation, clinical coding and classification, as Saudi is moving towards classification based funding, clinical documentation integrity and improvement, and HIM capacity building. Furthermore, Other topics were tackled such as Revenue Cycle Management, health information privacy, security and confidentiality, which are essential to the HIM and targeted audience.

The conference involved workshops that covered three main topics clinical documentation improvement, revenue cycle management and integrating data of paper-based and electronic health record.

The following recommendations were set forth as a result of the conference and they are grouped into three domains:
A. Workforce
a. Establishing a variety of additional certification and training programs for essential professions in the field. To name a few, Registrars, Billing professionals, and auditors.
b. Adopting a clear definition for the job classification and certification for HIM professionals and other related specialties in collaboration with the Saudi Commission for Health Specialties (SCFHS).
c. Develop a capacity building strategy to improve physicians’, nurses, and health care provider skills on Clinical Documentation reporting compliance and the validity and reliability of performance incentivization data (DRGs and CMI).
d. Facilitate the supervision and coordination among educational centers and training providers to ensure the quality of Clinical Documentation Improvement/Integrity and clinical coding training programs.

e. Ensure the coordination between universities, accredited educational organizations, Saudi Commission for Health Specialties, Ministry of Health, and SHIMA to provide a clear career path and progression for HIM professionals and other related specialties such as clinical coding, clinical documentation specialist and auditor.

B. HIM Strategy and Coordination
a. Participate with different sectors in healthcare locally and internationally to raise the awareness of Value-Based-Healthcare and the importance of high-quality data for its success.
b. Enhance the coordination and alignment between SHIMA and other organizations involved in the healthcare ecosystem, to build and coordinate HIM strategy, data governance related policy, data quality management, and HIM education directions and development.

C. Data Governance, Privacy and Security
a. Promote the quality and integrity of clinical documentation practices as well as clinical coding through training and code of conducts, policies and guidelines.
b. Enhance the consistency and practice of registrars and public health reporting through uniform training, standards, and guidelines.
c. Including coordinating NPHIES (CCHI) and MOH Minimum Data Set (MDS) required for standardization

d. Initial focus may include defining and accurately measuring Length of Stay (LOS) and Mortality rates.
e. Promote the continuous monitoring, evaluation, and improvements of data quality and integrity.
f. Adopt data governance standards that promote data sharing and exchange of knowledge and research purposes while maintaining the privacy and confidentiality of Patient Information.

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Note from the Editor

Happy New Year and Welcome to the first issue of Global News for 2021! Hope you and your families are continuing to do well during the pandemic! We strive to bring you interesting, relevant, and informative content from across the IFHIMA regions. We are delighted to launch the ICD-11 white paper: IFHIMA Fosters Planning for ICD-11 Adoption with Global Case Studies, which is available on the IFHIMA website, www.IFHIMA.org.

As a reminder, IFHIMA publishes Global News two or three times per year with the intent to highlight national association news, share board activities in support of the IFHIMA mission and strategic plan, and keep members abreast of other IFHIMA activities. I encourage contributions from all of our member nations to make it a truly global newsletter. Please feel free to contact me with your submissions, ideas and questions. A copy of the guidelines can be found at: https://ifhima.org/editorial-guidelines/

Hope you enjoy the content and wish you all a great year ahead!

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