

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.

## President's Message

### Tending the Gardens of IFHIMA

Managing and advancing an organization requires loving care. It's like tending a garden. Although the IFHIMA Board only met in person one time during my three-year term as President, in Aranjuez, Madrid, Spain in early June, we have been seeding, weeding, and nurturing this organization through our virtual meetings. IFHIMA is flourishing with added associate and corporate members and our newest National Member, Saint Lucia in the Caribbean.

During my tenure, thanks to our extraordinary volunteers, we have published seven whitepapers/position statements/articles, nine issues of Global News, twelve podcasts, and hosted three events on timely topics including Covid-19 and ICD-11. All accomplished without paid staff and for the benefit of health information management professionals worldwide.

Equally important is fertilization, or funding through an impressive cadre of corporate and educational sponsors. We have done weeding, which is a necessary but sometimes painful process, as we've defined the content for the new website.

None of this progress happens spontaneously, it starts with a well-articulated Strategic Plan and by setting goals – even for something as simple as increasing subscribers to our database. We can thank Gail Crook Robinson, Canada, for coaching us to use the SMART process<sup>1</sup> to ensure success.



Orange dahlia's are Lorraine's favourite flower in the garden

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1. <https://www.tonyrobbins.com/career-business/the-6-steps-to-a-smart-goal/#:~:text=What%20are%20the%20five%20SMART,anchored%20within%20a%20Time%20Frame>.



Hydrangea Limelight tree

It is my hope that the work we have done, with the support of the esteemed board and volunteers, will provide fertile soil for continued growth and diversification of our membership for our President-elect Vicki Bennett and the 2022-2025 Board.

Be well,

*Lorraine Fernandes, RHIA  
IFHIMA President, 2019-2022*

## ICD-11 Education Continues

IFHIMA is pleased to again support an event advancing the implementation journey of ICD-11. IFHIMA, along with our member association nations IHRIM from the UK and SEDOM from Spain, will conduct a three-hour virtual event on 29 September 2022 commencing at 1300 Manchester, UK and Lagos time, 1400 Barcelona time, and 1500 Riyadh time. While this event is time friendly to Europe, Africa and the Middle East, it will be live for anyone who wants to attend. Further, the event will continue to be available for 60 days post the live date, thus purchasing a registration doesn't mean you have to attend on 29 September.

The registration fee is 35 Euros which converts to approximately 171 Saudi Riyal, which is the currency for transactions as the VMA is providing their excellent digital

and registration platform. The VMA, along with SHIMA the host association nation for the December 2022 event, demonstrated that IFHIMA can work with our member nations to organize and execute such an event.

Please register for the event per the poster within this Global News and join guest speakers from the WHO, Canada, Czech Republic, Germany, Nigeria and more nations. The knowledge and experience these speakers bring is outstanding!! A limited number of complimentary slots are being allocated to Low and Low-Middle Income Countries, with the exact number being determined by the revenue created. Eligibility for these slots will be limited to our membership and specific criteria will be announced in early September.

[Register Now!](#)

Our special thanks to 3M for being our Gold Sponsor for this event!! Their sponsorship dollars will help offset our costs and enable complimentary registrations.

The IFHIMA Organizing Committee includes myself, Marci MacDonald, Guillermo Paluzie, and Mandy Burns, along with our marketing manager Maria Diecidue and graphic artist Kevin Hackett. VMA, as the digital hosting platform and registration platform, are vital to this success. It truly takes a village and many months to organize such an event.

Author:

*Lorraine Fernandes, RHIA  
IFHIMA President, 2019-2022*



Indian summer Rudbeckia

# ICD-11: Improving Global Health Information through Better Data

29 September 2022 | 3 Hour Virtual Event

1300 Manchester, UK and Lagos, Nigeria  
1400 Barcelona, Spain  
1500 Riyadh,

Register at: <https://bit.ly/3BvtQWq>  
Registration fee: €35

## Targeted Audience

- Health Information Management and Health Informatics Professionals
- Health Policy Professionals including Government, Vendors and Consultants
- Clinical Coding Professionals
- Vendors, Analysts and Research Professionals
- Data Governance Professionals

## Learning Objectives

- Share ICD-11 progress, experiences and lessons learned.
- Explore unique ICD-11 considerations for low and middle income countries.
- Discuss the potential need for ICD-11 clinical modifications and how to address.
- Review procedural and interventional coding and its correlation to ICD-11 implementation.

## Key Speakers

**Nenad Friedrich Ivan Kostanjsek**  
Technical Officer in the Classifications and Terminologies Unit  
World Health Organization

**Ulrich Vogel, M.D.**  
Head of the Diagnoses Classifications unit of the Code Systems and Registers department of Federal Institute for Drugs and Medical Devices (BfArM).

**Akeela Jamal, MBA, CHIM**  
CEO, 3Terra  
Leading hospital analytics software provider in Canada.

**Miroslav Zvolský, M.D.**  
Head of the National Centre for Healthcare Electronification at the Institute of Health Information and Statistics, Czech Republic (IHIS).

**Megan Cumerlato, BAppSc, HIM, Consultant**  
Specializes in the development of classification systems, educating clinical coders and conducting clinical coding audits to measure coding accuracy.

**Eunice Omidoyin, PhD**  
Authored textbooks and articles on clinical coding, facilitated ICD-10 for governmental and non-governmental institutions and has a consulting firm in HIM.

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## WHO-FIC Informatics and Terminology Committee (ITC)

The mid-year meeting of the WHO-FIC Informatics and Terminology Committee (ITC) was held via teleconference on 3rd of June. Updates to the following current initiatives were provided.

- WHO Digital Open Rule Integrated cause of death Selection (DORIS). This software assists in the selection of the underlying cause of death. The ICD mortality rules are being converted into a digital format for processing by this software.
- Electronic Medical Certificate of Cause of Death (eMCCD). Technical specifications for an electronic death certificate standard are being created to standardize input in line with the medical certificate of cause of death form.
- OMICS activity. This is ongoing work spearheaded by Jun Nakaya involves the Clinical Omics sub information model for ICD (iCOs), an add-on to the ICD-11 content model, to cover omics information (all kinds of molecular information).
- Classification Markup Language (ClAML). ClAML is an XML data format specification for representing the content and hierarchical structure of classification systems for data exchange and distribution between developers and users.
- Content Harmonization. This project revolves around the creation of a unified Foundation for the three reference classifications by comparing and aligning the classification concepts and their relationships among the Foundation concepts.

### Author

Kathy Giannangelo, RHIA CCS, CPHIMS  
IFHIMA representative to the WHO-FIC ITC

## The US Perspective of ICD-11 Implementation

I have a seat at the table with voice and vote on NCVHS (National Center for Vital and Health Statistics) for 3 years. I'm in my second year. It has been important to me to keep ICD-11 on the plate. At one of our recent meetings, I was asked to give an update on the work in the US, Canada, and Australia.

We in the US will have to adopt it at some point, as it is required for Mortality (Underlying Cause of Death) coding by the World Health Organization (WHO) on death certificates in all countries. The same would apply to Australia and Canada.

ICD-11 has been thoroughly vetted by the WHO, as they are the developer, with input from around the globe over the past decade. It is fully automated (i.e. no books!)



## 20th IFHIMA Congress

**October 29-November 3  
Brisbane, Queensland,  
Australia**

We hope you are saving your dollars to attend the 20th Congress in Brisbane!! Upcoming Global News issues will highlight the evolving plans.

IFHIMA appointed Jessica MacDougall from Halifax, Nova Scotia, Canada and Debi Primeau from Mount Vernon, Washington, USA to the initial two HIMAA committees. Additional appointments will be made as plans advance.

Look for the theme announcement and Call for Abstracts in mid-year 2022.



The WHO is stating that they have received input from over 90 countries in its development and they recently announced that over 30 countries have already adopted. I believe those are smaller countries but have not been able to verify that.

There likely will not be an ICD-12. Since ICD-11 is electronic, it can be updated regularly. It currently provides access to 17,000 diagnostic categories, with over 100,000 medical diagnostic index terms. The index-based algorithm interprets more than 1.6 million terms. ICD-11 is easy to install and use online or offline. There is no cost!

In my recent reach out to Canada, they indicated they did not have a timeline for ICD-11 implementation in Canada. They are currently assessing the level of specificity beyond what is available in I-10. They're also assessing whether a Canadian version of ICD-11 is required. The decision to adopt will rest with the federal, provincial, and territorial health ministries and agencies. They will develop a Task Force to initiate discussions with jurisdictions across the country. Timelines are uncertain because of the pandemic.

Australia has not made any formal decisions to move to ICD-11, nor have they decided if a national modification will be required. The WHO is discouraging national modifications, indicating if something is missing, tell them now and they will add it. Australia formed an ICD-11 Task Force to consider the issues of a national modification and other issues.

We believe in the US we can adopt in the future, and not be the last civilized country on earth to adopt like we were with ICD-10-CM. We spent many years last time tweaking and adding significant detail in Chapter 20, External Causes of Morbidity (V00 to Y99). ICD-11 is inclusive.

ICD-10-CM is outdated. ICD-11 is more flexible. ICD -1 lowers costs as it requires less training and less time for coding. Welcome ICD-11, we hope.

**Author:**

Margaret A. Skurka, MS, RHIA, CCS  
 IFHIMA Past President  
 Principal, MAS Consulting  
 Professor Emeritus, Indiana University Northwest



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## IFHIMA First In-Person Executive Board Meeting in 3 Years!

For the first time within this Board term, the IFHIMA Board met in-person in Aranjuez, Spain, at the Hospital Universitario del Tajo – June 9 – 11, 2022. Board members that could not attend due to COVID or travel restrictions, were able to join remotely via Zoom. We thank our SEDOM colleagues for facilitating the meeting room and technology to make this all possible!

Notably, Regional Directors presented reports for their regions.

### Updates were provided by the Strategic Pillar Leads, and highlights of these are:

#### Foundation

Marketing and advertising of IFHIMA continues on. LinkedIn has just over 900 members, and MailChimp has plateaued at around 800. These avenues are being utilized to promote the many IFHIMA updates and will be used to promote the 2023 Brisbane IFHIMA Congress. Investigation is currently underway to define the best avenue for more social media.

#### Developing Nations/Low and Lower Middle Income Countries\*\*

The survey circulated this year has not yielded as many responses as desired, but will be utilized by the team. Other possible contacts to gather this information will be investigated by the team, including reaching out to governments and ministries as appropriate. As issues concerning nations considered Low and Low Middle Income Countries (previously called Developing Nations) touches on all pillar activities, it was suggested that the new Board term should consider having this pillar as a foundation, rather than stand alone. All agreed, and this will be discussed in the next term.

*\*\*Income economies as defined by World Bank\*\**

#### Member Engagement and Growth

Discussion ensued concerning challenges with HIMs not being recognized all over the globe. It was acknowledged

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and reiterated that working with WHO-FIC has provided opportunities to strengthen and support this global recognition. Reaching out to non-member countries continues. The Marketing Plan which highlights the importance and value of HIMs and IFHIMA, will be utilized by this team. Also, work will continue in reaching out to WHO Collaborating Centres. Of note, SEDOM (Spain) and IHRIM (United Kingdom) along with a team of the Board and IFHIMA members at large, will be presenting an ICD-11 IFHIMA virtual educational event on September 29, 2022 – opened to all, but with a focus on HIMs from Europe and Africa.

### Education, Training and Research

Accomplishments to date were presented, which include the completion of an environmental scan, which reviewed and recorded nations with formalized HIM programs and certifications. A global “Body of Knowledge” was created, listing all available HIM learning materials located on respective countries’ HIM websites – this will appear on the new IFHIMA website. The Body of Knowledge will provide a centralized location of key reference material on HIM education, certification and resources, and will be a vital resource for Low and Low-Middle Income Nations which have limited resources and information on HIM. The team has the first draft of a position paper on HIM certification – which will be launched to the membership in the future.

### Other points of interest

**Global News** – Vicki Bennett will be assuming the role of President at the close of the Virtual VGA, scheduled for November 9th, 2022, thus selects the Editor and the team. These roles will be assumed by an Australian Team, with handover underway with our current Editor, Ms. Dilhari DeAlmeida.

**Presentation to SEDOM Members** – as the Board Meeting was held in conjunction with SEDOM’s Annual Conference, Lorraine Fernandes, President and Vicki Bennett, President-Elect, presented on IFHIMA and implementation of ICD-11.

**Website Redevelopment** – this extensive project continues, and target is still to launch same in August of this year. Governance work has been undertaken, and work continues presently on organizing information and creating a more organized manner of access, storage and retention for the new website.

**Tribute to Excellence Award** – announcement to the membership re: this new award will be announced to the membership this summer, in advance of the VGA, detailing criteria and requirements. It was clarified that this award is not expected to be bestowed each General Assembly, but only when deemed appropriate.

## Calendar of events

### “Health Information Management Required Now: Continuity and Change”

#### Japan Society of Health Information Management (JSHIM)

September 18-19, 2022

Kochi prefecture, Japan

In person planned

Language: Japanese

#### American Health Information Management Association (AHIMA)

October 9-12, 2022

Columbus, Ohio, USA

<https://conference.ahima.org/>

#### Health Information Management Association of Australia (HIMAA)

October 26-28, 2022

2022 HIMAA National Conference

Adelaide, South Australia, Australia

In person planned, with potential for some virtual

Language: English

<https://hima.org.au/annual-national-conference/>

#### IFHIMA 20th Congress

October 29 – November 2, 2023

Brisbane, Queensland, Australia

Please visit [IFHIMA.org](http://IFHIMA.org) for most recent events.

**WHO-FIC** – Vicki Bennett, as our official WHO IFHIMA Representative, reiterated IFHIMA’s commitment to assisting Low and Low-Middle Income Nations and representing interests of same, while working with WHO. IFHIMA representatives on WHO teams were reiterated:

**Information and Terminology Committee** – Kathy Giannangelo, with Vicki Bennett also sitting on this team as an Australian team member.

Education Implementation Committee and Morbidity Reference Group – Mary Stanfill.

Vicki will continue to actively participate, liaise and attend meetings as well, ensuring IFHIMA’s concerns and perspectives are presented. Additionally, she reported work on ICHI is ongoing, and in development.

20th Congress, Brisbane, Australia, 2023 –The Board undertook a brainstorming session needs to be identify a theme that should be forward thinking, digital and futuristic. Suggestions will be brought to the next 20th Congress Coordinating Committee.

IFHIMA Virtual General Assembly, 9 November 2022 – Lorraine presented the spreadsheet with a count down to tasks and dates for completion, for same. This is our first ever VGA, and extensive planning is required. Voting required (constitutional updates and bidding for the 2025 Congress) will be done in advance and announced at the VGA. The primary focus of the Board for the near future will be working to ensure a meaningful, interactive, and successful VGA is conducted.

Respectfully submitted:

Marci MacDonald, CHIM  
IFHIMA Membership Chair and Past President

## XVII National Congress of Spanish Society of Medical Documentation (SEDOM)

After two years without any activity, it was wonderful that it was possible to organize an in-person XVII biannual congress June 9th to 10th in the city of Aranjuez (which is located a short distance from Madrid (Spain)). The historical city, that was the traditional place for holidays of Spanish kings during XVI-XIX centuries. We gathered as a congress and there were almost two hundred attendees. Also in attendance was Madrid’s Society of Medical Documentation as a local organizer and Dr. Alberto Romero as President of the Organizing Committee, accompanied by Dr. David del Monte, President of SEDOM.

**There were three main topics and sessions to the congress:**

1. “The value of the data” with emphasis on Big Data and the P4 Medicine (predictive, preventive, personalized, participative), which offers a challenge to modify the current healthcare paradigm.
2. “Covid-19 Pandemic impact in the Units of Documentalist” which focused on the management of improvised hospitals in the worst wave of the pandemic.
3. “Towards the search of patterns”, which was an interesting session about a multidisciplinary approach to the analysis of health data in hospital and Health Governance level.

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Eleven abstracts were chosen for oral presentation accompanying the main sessions and the award for the best presentation was awarded to Dra. Gemma Gelabert with her presentation Technological innovation in clinical documentation: process robotization (rpa).

Held in conjunction to the Spanish congress, was held a face-to-face meeting of the IFHIMA Executive Board, also the first in-person meeting since the 2019 Dubai Congress. IFHIMA President Lorraine Fernandes and President Elect Vicki Bennett were invited by the organizers to present on The value of contribution of HIM professionals to the planning and implementation of ICD-11 during the main session on Friday 10th which was well received by attendees.

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## IFHIMA Welcomes Our Newest National Member!

IFHIMA is pleased to announce our newest National Member – the Saint Lucia Health Information Management Association!

Lead by President and IFHIMA National Director for Saint Lucia, Mrs. Margaret Henry-Samuel, all requirements for establishing a HIM association (as per the IFHIMA published guidelines), were ratified by the Executive of the Board on July 21, 2022.

**We warmly welcome our Saint Lucia HIM colleagues, and acknowledge the efforts of their Board:**

- Margaret Henry-Samuel  
President – and IFHIMA National Director
- Patrice Saiwak  
Vice-President

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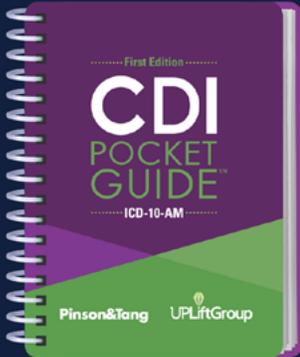
We know you all join the Board in welcoming our colleagues to the Federation, as we all look forward to working together to further the goals of HIMs globally!

**Author:**

Marci MacDonald, CHIM  
Past President/Membership Chair  
IFHIMA

## AI enabled CDI – Creating Time to Care

A clinician’s role in creating time to care for a patient is of the utmost importance and includes: performing thorough symptoms analysis and examination, discussing details of the issue and patient history, answering questions, and above all, forming a trusting relationship with the patient. Having impactful clinician-patient facetime is an ongoing challenge for clinicians, with time-consuming administrative tasks getting in the way. Because of the increasing amount of detailed paperwork and administrative assignments required, physician burnout is on the rise, and therefore, patient care and the health of the population begins to suffer.

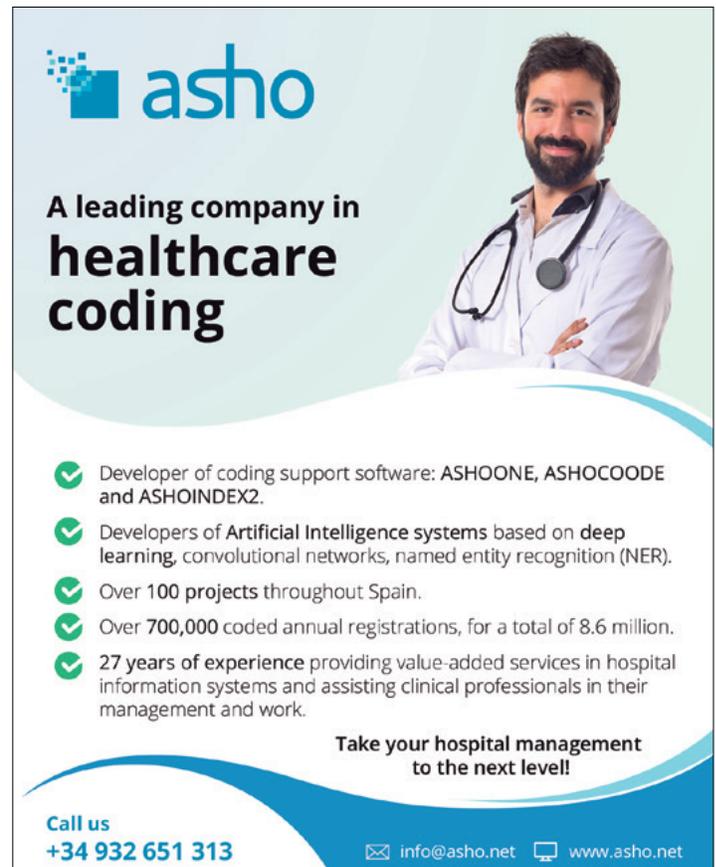


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The first step toward addressing physician burnout is improving the speed and accuracy of clinical documentation through artificial intelligence. AI-enabled computer-assisted physician documentation (CAPD) helps the clinician complete the documentation in less time and with better accuracy, which allows the clinician to turn away from the computer screen, and spend more face-to-face time with the patient. In addition, CAPD offers a concise review of all documentation, and nudges (alerts) a clinician to provide accurate insights of their interaction with a patient. This saves time otherwise needed to go back into the logs later and remember critical details. Accurate medical records provide a complete picture of the patient's healthcare, as well as ensure the facilities and providers are properly reimbursed. Accurate clinical documentation leads to accurate coding; therefore, it is vital to the success of the healthcare organization, the clinicians, and the care of the patient. Having automated systems in place through AI helps not only with the day-to-day workload of clinicians, but also during surge capacity moments (e.g., pandemics, flu season) and staffing shortages.

According to the Association of American Medical Colleges project, there will be a shortage of 139,000 physicians by 2033- the most significant gap in primary care. The Surgeon General recommends: health systems prioritize social connection and community as core values, less screen time for documentation, and more face-to-face patient care. Helping alleviate time-consuming processes is not just a wish-list item anymore; it is a must have for the providers to keep up with medical institutes' fast pace. Today AI enabled documentation is using nudges to help solve the problem, but what's coming next is ambient technology and cloud-based conversational AI. This will streamline and speed up the processes even more by working in the background, continuously listening, analyzing and comprehending patient-clinician conversation not only to document the encounters, but to suggest in real time the best steps in the treatment process. With this new technology, we are embarking onto a transformative healthcare experience with improved well-being for both patients and clinicians.

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## Note from the Editor

Welcome to our second issue of Global News for 2022! Hope you and your families are continuing to do well. I appreciate everyone who contributed to this issue of our Global News and look forward hearing from you in future issues. We strive to bring you interesting, relevant, and informative content from across the IFHIMA regions. This issue reflects upon the work that IFHIMA has done in the past and some important work that is planned for the future. I am also excited to let you know that as my tenure is coming to a close, I have started the transition process with my colleagues in Australia and the next Global News Editing team.

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 this edition and happy reading!

Dilhari DeAlmeida, PhD, RHIA

[editor@ifhima.org](mailto:editor@ifhima.org)

## Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Dilhari DeAlmeida ([editor@ifhima.org](mailto:editor@ifhima.org)) for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.

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