

# IFHIMA Global News

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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 Address

Thank you for subscribing to Global News and engaging with the work of IFHIMA. We appreciate all our members and supporters for the way you help to shape the global health information management profession through your dedication to our mission, vision and values.

We have now undertaken a full review of the IFHIMA Constitution with the assistance of David Gilmartin from Gilmartin Law Group. David was able to ensure that the revised and restated constitution is now fully compliant with the laws of the State of Illinois, where IFHIMA is formally incorporated. We have also updated the language and practices of the Federation to allow for more modern things like virtual meetings and voting and have improved governance by adding the role of Treasurer and Secretary to the IFHIMA Board.

An Extraordinary General Assembly will be held on 27th August to ratify the voting on the proposed amendments. A ballot of the National Directors is being undertaken online currently.

The General Assembly is now scheduled for 3rd December and will be held virtually. At that meeting, we will elect new Regional Directors, a President-Elect and select the location for the 2028 Congress. Watch out for calls for nominations and meeting announcements in the coming months.



Canberra, Australia AAP Image/Lukas Coch

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We are also launching a new Digital Health Community of Practice (CoP) to join the others we already have established for HIM Educators, Research and ICD-11. A request for expressions of interest was sent out in late June and I we have received a lot of interest. The Chair, Co-Chair and Secretariat will be announced shortly who will set up the inaugural meeting soon. As with all our CoPs, you are able to join at any time so email, [contact@ifhima.org](mailto:contact@ifhima.org) if you would like to join any of these and we can direct you to the relevant group.

I write to you from the depths of winter here in our nation's capital, Canberra, Australia, which has been one of the coldest on record. But I am buoyed daily by the many pictures of the delightful northern hemisphere summer I am seeing on my social media posts, some of whom are from my global HIM family and readers of Global News. I do hope to see some of you in-person somewhere on the planet in the months to come, but until then, please stay connected virtually to improve health information management practices under the wonderful IFHIMA banner.

*Vicki Bennett, CHIM, FAIDH, CHIA*  
*IFHIMA President*  
*Unit Head at AIHW*

## It's a Wrap: Focus on the Future of HIM 2025

IFHIMA concluded our inaugural "Focus on the Future of HIM" series with outstanding global attendance for each event. We are in the throes of evaluating the feedback from the attendees, prioritizing the potential topics for 2026, and considering the organizational critique from the hosts, cohosts, and monitors. Below are the highlights from our initial analysis.

### Summary of IFHIMA Survey Dashboard Insights

The IFHIMA Survey Dashboard (see Figure 1) offers a detailed summary of participant feedback from the 2025 "Focus on the Future of HIM" three-part educational series. Based on 88 responses collected from February to April, the results demonstrate strong and growing engagement, high satisfaction levels, and valuable insights to guide future programming.

Survey participation increased over time, peaking in April, which reflects heightened interest and positive reception of the series. Participants unanimously agreed that the sessions were beneficial and practically applicable to their roles, highlighting the series' importance within global health information frameworks.

A clear preference emerged for shorter sessions, with nearly two-thirds supporting a 2-hour format. This will guide future decisions on program structure, ensuring a balance between depth and accessibility.

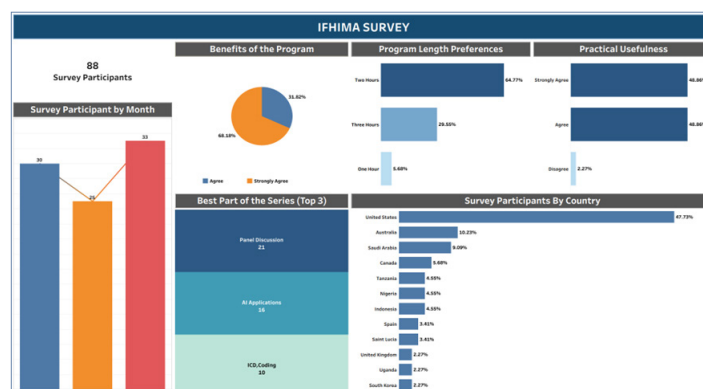


Figure 1: Key visual Insights based on post-event survey feedback from 88 participants. This visual illustrates global engagement, preferred session durations, and the most appreciated aspects of the series.

Participants loudly praised the panel discussions (each event had at least one panel) for their variety and engagement when asked about the series' most admirable feature. Artificial Intelligence (AI) applications and coding systems, such as ICD, stood out as key topics, highlighting a strong demand for innovation and technical expertise.

The series attracted a diverse international audience, primarily from the United States, Australia, and Saudi Arabia, with participation also from Africa, Asia, and Europe, underscoring IFHIMA's global reach. The dashboard, shown in Fig. 1, offers a positive view of the series' impact while providing clear guidance for future growth: maintaining global diversity, increasing interaction, focusing on trending and technical topics, and exploring more concise formats to enhance accessibility.

## Closer look at some aspects of the series

### Country Participation Trend

The series effectively involved a diverse array of speakers and attendees from around the world.

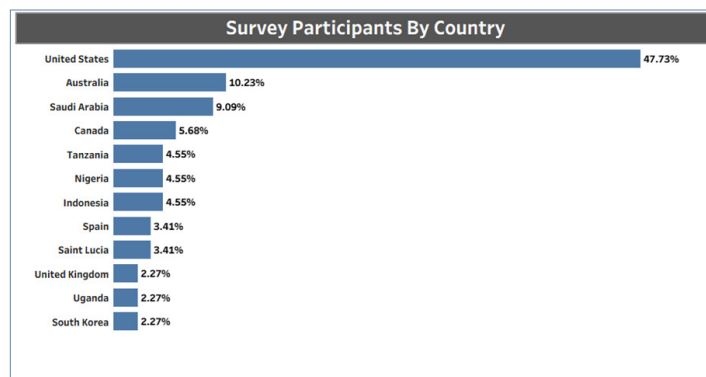


Figure 2: Geographic distribution of survey respondents, with nearly half (47.73%) from the United States, followed by participants from Australia, Saudi Arabia, and other nations.

### Preferred Session Duration

The inaugural series had a 3-hour format; however, some participants suggested reducing the duration of future sessions.

### Best Part of Program

The survey used open-text fields rather than fixed options, allowing respondents to mention multiple highlights. These were aggregated and thematically grouped. As reflected in the dashboard, the top three themes were:

- 1. Panel Discussions** were appreciated for being interactive, having a wide range of perspectives, and global representation.
- 2. AI-Related Content** – People who are interested in innovation, automation, and massive language models liked the AI-related content.
- 3. Clinical Coding** – notably ICD-11 and SNOMED-CT, stood out because it is helpful for everyday HIM work.

This triad of themes, engaging format, technical innovation, and practical application, demonstrates a strong foundation for future series planning.

IFHIMA thanks our Sponsors [Primeau Consulting](#) (gold), [Beamtree](#) (silver) and [Haugen Consulting Group](#) (bronze) for their financial support which made this series possible. [Kevin, make sure hyperlinks are activated]

Special thanks to Jennifer Boateng Paintsil, Graduate Student from the University of Pittsburgh, USA, Master's in Health Informatics, for her outstanding work in the analysis which will guide planning for 2026.

Visit the [IFHIMA LinkedIn page](#) for highlights from the “Focus on the Future of HIM” series.

Stay tuned for our 2026 plans which will be unveiled in late 2025. These plans will include a call for speakers and volunteers.

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## IFHIMA Event 2: Development of the future HIM Workforce: Perspectives from Research and Practice

As healthcare systems worldwide continue to evolve, IFHIMA's March 26 event underscored the vital importance of preparing a skilled, adaptable, and globally connected Health Information Management (HIM) workforce. The insights shared serve as a roadmap for educators, employers, and policymakers committed to advancing health information management in the digital age.

Hosted by Roberta Baranda of Valley Children's Healthcare (USA) and co-hosted by Sharon Campbell of Queensland University of Technology (Australia) and IFHIMA's Western Pacific Regional Director, this event offered a dynamic blend of academic insight and real-world application.

Speakers from diverse regions and backgrounds shared research findings, institutional strategies, and innovative practices aimed at equipping the next generation of HIM professionals with the skills needed to thrive in a data-driven, tech-enabled healthcare environment.

Dr Susan Fenton (USA) led the discussion in reviewing the impact of an Artificial Intelligence (AI) driven future on HIM students and professionals. Dr Fenton was passionate about AI being involved and defined in the HIM curriculum. The results from the IFHIMA AI international literacy survey were also shared.

A quote from Dr Fenton summarised her concerns, “The people who need to worry about their jobs are the ones who refuse to evolve.” — Susan Fenton, PhD

Dr Young-Joo Won (South Korea) next discussed the topic of enhancing HIM through data curation.

Dr Babale Nagada and Dr Jacob Opele (Nigeria) examined the role of AI in enhancing HIM practices within African Healthcare settings: A scoping review.

Dr Bander Alanzi (Saudi Arabia) then discussed digital health literacy for healthcare professionals from a global perspective.

The event was rounded out with the presentations by a well-received panel discussion on the education of tomorrow's HIM workforce and a discussion on the global options and challenges with expert panel including Dr David Marc (College of St Scholastica, USA), Jennifer Mueller (American Health Information Management Association) and Dr Patricia Viskosky (Douglas College, Canada). One of the popular events of the program, questions were posed to the panel members on the topics of workforce readiness, preparation, industry partnership, and the value of microcredentials and the need to upskill the Health Information workforce. Questions also came from the audience and included concerns surrounding AI and HIMs in the world of work.

“Although it was not always easy assisting in preparing for an international event it was well and truly worth volunteering for this event. I had enormous support from Roberta the host, even though she was on the other side of the world in California, and I was located in Perth. There was so much that I learnt from this event, and I also grew my network”, said Sharon Campbell.

Roberta Baranda offered even more perspective stating, “I think one of the comments we received from the evaluation best summed up my experience in working with such a diverse and knowledgeable international group. That evaluator stated ‘I liked the diversity in the presenters. Even if you think you have heard a similar topic, the uniqueness of the presenter’s perspective is informative.’”

#### Authors:

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## Advances in Health Information Science and Practice

The American Health Information Management Association (AHIMA) invites you to rediscover what their peer-reviewed, academic journal has to offer, whether you're a researcher, health information professional, or both! Perspectives in Health Information Management, AHIMA's flagship scholarly publication, has been renamed Advances in Health Information Science and Practice (AHISP). Under the leadership of Susan Fenton, PhD, RHIA, ACHIP, FAHIMA, FAMIA (Editor-in-Chief) and an esteemed Editorial Board, AHISP will continue serving the profession by showcasing incredible research in both theory and practice being done by and for health information professionals across disciplines—and around the world! AHISP also invites you to submit your research work or act as a peer reviewer—two ways you can continue supporting health information knowledge, ultimately empowering people to impact health.

#### Author:

*Melissa Schmidt  
Director, Content and Insights  
AHIMA® | American Health Information Management Association®*



## Focus on the Future of HIM – April 30, 2025

### ICD-11: Implementation and Training Experiences

The latest event of the continuing education series organised by IFHIMA took place on April 30th, featuring various experiences related to the implementation of ICD-11 in different parts of the world.

After a short introduction done by Guillermo Paluzie, Miroslav Zvolnsky, Head of the Czech World Health Organization Family of International Classifications (WHO-FIC) Collaborating Centre, explained the steps done in the development of ICD-11 from the Czech National Center for Medical Nomenclatures and Classifications. In a task force initiated in 2020, they have yet to complete the translation to Czech of the ICD-11. They are working for a possible implementation date beyond 2031 and at the same time they are preparing the implementation plan with a specific Working Group for the transition to ICD-11.


The Chinese experience was presented by Meng Zhang, Health Information Management Researcher at Peking Union Medical College Hospital and part of the Chinese WHO-FIC Collaborating Centre, who explained the impressive work that has been carried out since 2015, when they began translating the ICD-11 into Chinese. Before 2020, they had developed the necessary software for integration into the hospitals' health information system, as well as mapping to the ICD-10 Chinese version to enable dual coding. A pilot test carried out in 59 hospitals with more than 800,000 discharges has allowed them to evaluate the entire ICD-11 implementation process.


From Canada, Sharon Baker, Manager in Classifications and Terminologies – Development from the Canadian Institute for Health Information (CIHI), presented the situation in Canada, a decentralised federal state with no single organisation responsible for health information. CIHI is analysing the impact and the requirements for education and training to facilitate planning for the transition to ICD-11 in the country.

The opinion of US stakeholders about adopting ICD-11 was outlined by Kathy Giannangelo of Kathy Giannangelo Consulting, LLC. After a request for information, the US identified some

positive factors as potential for better data to support health care quality, patient safety and health equity, and potential for significant burden reduction. On the other hand, they expressed concern with excessive dependence on WHO, costs of implementation and the current adoption of Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT) in health data systems across the U.S. They also expressed the need for governance of ICD-11, a US clinical modification and planning of training and testing.

In an outstanding practical video, Islam Ibrahim, Team Leader in the Morbidity Data and Healthcare Data Quality National Center for Health Information, Ministry of Health (Kuwait), gave us a detailed overview of the Coding Tool developed by WHO because ICD-11 was born digital. The tool is free, easy to integrate and intuitive. We appreciate the inclusion in the video of the clarification of the new ICD-11 concept of "post-coordination".


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Finally, a panel discussion about ICD-11 moderated by Mandy Burns and participated in by Vicki Bennett, IFHIMA President, and Michelle Badore, IFHIMA ICD-11 Community of Practice (CoP) Secretariat. To start the discussion Vicki gave an overview of the WHO-FIC meeting in Rwanda that she had recently attended and the discussion on ICD-11 that had taken place. We then talked about CoP and how valuable it is for people to participate in these – Michelle gave some compelling arguments about why people should join and what CoP's IFHIMA had – helping to shape our own future was a key theme from this topic.

We went on to talk about the adoption of ICD-11 in Primary Care in Australia and Vicki identified the significant health benefits that this will bring particularly for patients with complex health concerns. ICD-11 will help ensure whoever looks after the patient has a clear picture of what their conditions are which will ensure they receive appropriate care.

Michelle and Vicki talked about the different presentations we had heard and the different approaches to adoption and how they will benefit others by taking up ICD-11 over the coming years.

We also asked Vicki – what is the current position in relation to terminology vs classification? Vicki advised on the use of both and how important they both were for different use cases which will dictate which is most important but fundamentally there is a requirement for both.

We asked both Vicki and Michelle to give us their final thoughts on ICD-11 for Health Information Management staff currently working with ICD-10. They both advised of the fundamental change that ICD-11 will bring, the increase depth and usage but not to underestimate the work required to successfully embed this, but the value it will bring will be worth the work.

#### *Authors:*

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IFHIMA Regional Director,  
Europe*

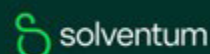
*Mandy Burns,  
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### IFHIMA is pleased to announce the release of our **Position Statement: Ensuring Responsible Use of AI in Healthcare Information Collection and Use.**

We thank the IFHIMA industry leaders and volunteers (hosts and panelists for February 26 Focus on the Future of HIM series) who contributed to this vital position statement, including:

- Kathleen Addison, Canada
- Lynette Czarkowski, USA
- Keith Olenik, USA
- Debi Primeau, USA
- Sallyanne Wissman, Australia

IFHIMA will continue to address the importance of AI in healthcare and the vital role HIM professionals should play in AI adoption. Watch our [website](#) for updates.



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## Digital Health: A catalyst for transformation and future of Uganda's Health system

Digitisation and artificial intelligence (AI) are playing an increasingly vital role in transforming healthcare systems globally including in low- and middle-income countries. Offering solutions to long term challenges, hence opening new opportunities for effective patient care and medical discovery.

This article highlights insights from IFHIMA's 2025 "Focus on the future of HIM" series which aligns with Uganda's progress in digitising its healthcare system. This progress is driven by strategic frameworks developed by the Ministry of Health, such as the National Health Information and Digital Health Strategic Plan 2020/21-2024/25 which aligns with the National Development Plan (NDP) III. These frameworks have provided strategic direction to implementation of digital health solutions across all levels of care in a coordinated manner. This commitment aims for a more efficient and equitable healthcare system for all, including structures at community level. Exciting digital solutions like electronic health records (EHRs), such as e-AFYA, PACS, the Uganda electronic medical record (EMR), and telemedicine are improving data management, accessibility, and accountability for health supplies in public health facilities, staff performance tracking and care coordination. However, challenges such as infrastructure limitations, user attitudes, and interoperability hinder full adoption.

This article emphasises the necessity of continued investment in capacity building of HIM workforce, infrastructure, integration, partnerships, and public education to overcome these obstacles. Ultimately, leveraging technology, including AI, is crucial for Uganda to achieve significant improvements in population health, and build a future-ready healthcare system that benefits the nation and contributes to the global agenda on digital transformation.

This can only be achieved by a well-trained and forward thinking HIM workforce aligned with digital advancements using appropriate competence-based curricula guided by insights from resourceful presenters such as those in the IFHIMA 2025 "Focus on the Future of HIM" series.



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## Global Policy Recommendations for Growing the Health Information Workforce and Implementing Artificial Intelligence

The International Federation of Health Information Management Associations (IFHIMA) and the American Health Information Management Association (AHIMA) recently released the **joint policy statement** focusing on Global Policy Recommendations for Growing the Health Information Workforce and Implementing Artificial Intelligence (AI), constructed from the joint global policy summit in November 2024. The policy statement explores the key role health information professionals should play in ensuring high quality data and governance of AI in health organisations. The statement also discussed the digital health transformation in low- and middle-income countries.

## Series 1: Focus on the future of HIM - the role of artificial Intelligence in Health Information Management

Artificial Intelligence (AI) is transforming HIM by automating data entry, coding, and documentation processes. With AI powered tools, healthcare facilities can reduce errors in patient records and improve the accuracy of medical coding. Natural Language Processing (NLP) allows AI to extract meaningful information from clinical notes, saving time and ensuring consistency. This automation not only speeds up documentation but also enhances the quality of data used in patient care, research, and reporting.

### The Future of Health Information Management in Nigeria

Nigeria's healthcare system faces challenges, particularly in HIM. Effective HIM is crucial for quality healthcare, improved patient outcomes, and reduced costs.

#### Current State of HIM in Nigeria

Nigeria's healthcare system is largely paper-based, with limitations including data fragmentation, inaccuracies, and limited access to patient information.

#### Opportunities for improvement

- Digitalisation:** Implementing electronic health records (EHRs) and digital technologies.
- Standardisation:** Establishing standardised health information systems and protocols.
- Data Analytics:** Leveraging data analytics to inform decision-making.
- Telehealth:** Expanding telehealth services to increase access to healthcare.
- Health Informatics Education:** Developing educational programs in health informatics.

#### Challenges Ahead

- Infrastructure:** Limited infrastructure development, including inadequate internet connectivity and electricity supply.
- Funding:** Insufficient funding for HIM initiatives.
- Workforce Capacity:** Shortage of skilled professionals with expertise in developing, managing, and maintaining EHRs.
- Data Security:** Ensuring confidentiality, integrity, and availability of electronic protected health information.
- Cultural Barriers:** Cultural biases and resistance to adopting new technologies.

#### Future Prospects

To overcome these challenges, key stakeholders must collaborate to develop strategies addressing specific needs in the Nigerian context.

#### Examples of strategies include:

- Developing a national strategic plan for HIM.
- Investing in infrastructure development and upgrade.
- Building workforce capacity through education and training programs.
- Implementing robust security measures to protect sensitive personal identifiable information.

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## IFHIMA Announced our Digital Health Community of Practice (COP)

Interested in digital health as a way to expand your knowledge and career, or just curious about what is happening globally in digital health? You will want to join the new IFHIMA Digital Health COP which launches very soon with the following leadership, Please contact the Secretariat to join this group.

Willy Chan, Australia, Leader, [willychan8@gmail.com](mailto:willychan8@gmail.com)

Dr. Julie Rehman, United Arab Emirates, Co-Leader, [rehmanjulia4@gmail.com](mailto:rehmanjulia4@gmail.com)

Akinjide (Cecelia) Olamitundun, United Kingdom, Secretariat, [ceccy.akinjide@gmail.com](mailto:ceccy.akinjide@gmail.com)



## ICD-11: 4 Global Implementation Lessons

Today's health information is digital, and that requires a more sophisticated approach to clinical coding. Designed for detailed, clinically relevant coding that can be globally harmonised, ICD-11 unlocks new possibilities for healthcare data.

As part of IFHIMA's "Focus on the Future of HIM" series, we hosted a session sharing ICD-11 implementation and training experiences from around the globe. Our expert speakers offered several valuable lessons for countries charting their own ICD-11 paths.

### 1. Learn from early adopters

Early adopters are approaching ICD-11 in diverse and strategic ways, and you can learn a lot from their efforts to date. Consider:

- Rwanda is using ICD-11 for hospital morbidity coding and health insurance data.
- Japan is preparing for a 2027 launch, with training videos and mappings underway.
- The Czech Republic, China, and Canada have taken phased approaches, beginning with translations, pilot testing, and dual coding studies.

Meanwhile, many countries are working closely with the World Health Organization (WHO), contributing feedback, proposing enhancements, and sharing translation and implementation resources.

With so many possibilities, explore what others have already done before finalizing your goals and timelines. Compare the potential of ICD-11 to your needs. Talk to other health information (HI) professionals, bringing specific questions and an open mind.

### 2. Embrace the shifting role of HI professionals

HI professionals are ideally suited to bring together stakeholders, foster collaboration, and propose best practices throughout an ICD-11 implementation.

At the same time, ICD-11's automation and post-coordination capabilities are changing the nature of coding work, requiring new skill sets.

Today, HI professionals are increasingly focused on clinical documentation improvement, data quality oversight, and advanced analytics. Clinical coders often spend less time on routine cases and more time with complex scenarios, data-driven decision making, population health initiatives, and other impactful activities.

### 3. Explore the ICD-11 Coding Tool to consider new possibilities

The ICD-11 Coding Tool functions more like a search engine than a traditional code book. A more intuitive, flexible approach supports both basic and advanced queries, enabling users to post-coordinate and cluster codes for increased specificity.

ICD-11 enhances the accuracy and comparability of morbidity and mortality reporting worldwide. Aligning with other classifications, such as the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) and International Classification of Health Interventions (ICHI), makes it possible to streamline data exchange and support broader health system goals, from case-mix analysis to global burden of disease tracking.




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Invest some time in exploring the new tool to better understand its capabilities. This time will pay off in terms of smoother adoption. Along the way, you may discover new approaches to long-standing problems.

#### 4. Take an iterative approach

Implementing ICD-11 can be daunting, but the most successful early adopters are taking an iterative approach. These staged efforts allow for better stakeholder engagement, technical refinement, and ongoing learning. A pilot program can surface and resolve potential issues before a larger rollout.

For best results, start by engaging all potential stakeholders early in the process. Strive to capture their requirements and “nice to haves,” then continue to collaborate throughout the process while providing regular updates and training.

#### Get started with your IFHIMA colleagues

The shared message from global experts is clear: start early, train widely, and collaborate often. Leverage pilot studies, dual coding trials, and shared tooling. Tap into international communities like IFHIMA to stay informed and connected.

IFHIMA hosts an [ICD-11 Community of Practice](#) that serves as a powerful hub for sharing strategies, tools, and updates across the world.

ICD-11 isn't just a new classification—it's a catalyst for elevating the health information profession worldwide.

#### Authors:

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## Canada's Journey Toward ICD-11 Adoption

The transition to a new classification system brings both exciting opportunities and complex challenges – something well remembered by those around the world who experienced the move from ICD-9 to ICD-10. Now, fast forward 25 years later, we are preparing for another major change: the adoption of ICD-11. Unlike previous versions, ICD-11 comes equipped with a suite of digital tools, including a coding tool, an online browser, an Application Program Interface (API), and the flexibility to support data needs today and into the future.

The Canadian Institute for Health Information (CIHI), as the national organisation responsible for ICD-10-CA and CCI (Canadian Classification for Health Interventions) development and maintenance, and host of Canada's World Health Organization Family of International Classifications (WHO-FIC) Collaborating Centre, has been leading Canada's assessment of ICD-11 for health system use. This includes a broad range of activities focused on technical, statistical, and operational considerations.

Our work includes evaluating the potential need for a Canadian version (linearization) of ICD-11, as well as assessing the impacts on our case mix methodologies, such as CMG+ (Case Mix Groups) and Comprehensive Ambulatory Classification System (CACS) – key products used in planning, monitoring, and management of health care in Canada.

Another key area of focus, unique to Canada, is diagnosis typing. In Canada, a diagnosis type is applied to all ICD-10-CA codes to indicate the impact that the condition had on the patient's care, as evidenced in physician documentation[1]. A project is underway to assess and determine whether to retain this convention or if ICD-11's Type 2 extension codes – diagnosis code descriptors[2] could serve this purpose.

CIHI are also mapping ICD-11 codes to national health indicators that rely on ICD-10-CA, while assessing how ICD-11 could support current indicator reporting and enable the development of indicators that previously could not be reported on due to limitations in ICD-10-CA.

CIHI has launched a series of webinars[3], introducing ICD-11, new concepts, and accompanying tools. A roadmap for education development is also underway, helping identify training specifications for different stakeholder groups across the country. Beyond our national work, CIHI supports other countries in delivering ICD-11 education.

Planning is also underway for the formation of a Pan-Canadian Implementation Task Group, which will bring together experts and stakeholders to guide our next steps.

So, when will Canada adopt ICD-11? That decision is still ahead of us. But what we do know is the path toward adoption will be an exciting and collaborative journey.

#### Author:

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## HIM Student Talent 2024: A Showcase of Vision and Innovation

The Health Information Management (HIM) Student Talent 2024 competition highlighted the importance of encouraging creativity and collaboration among students in health information management. As technology and global health challenges continue to shape the field, this event became a platform for students to showcase their talents and ideas. By addressing real-world challenges, the competition prepared participants to make meaningful contributions. It demonstrated how young professionals could bring fresh perspectives and energy to advance health information management.

The HIM Student Talent 2024 event, organised by IFHIMA's South East Asia Region (SEAR), served as a vibrant platform to empower HIM students. This international competition, held on November 12, 2024, at the Prime Plaza Hotel Sanur, Bali, showcased exceptional creativity, collaboration, and innovation in HIM.





### A Platform for Talent and Innovation

The HIM Student Talent competition aimed to inspire students from the HIM Program to become more creative and globally connected. Participants demonstrated their skills in four competition categories: Mobile Health App Development, Clinical Coding Innovation Challenge, Electronic Medical Record (EMR) Contest, and Social Media Influencer Challenge.

The competition attracted teams from nine educational institutions, with 17 teams registering and competing for the top spots. Categories like Mobile Health App Development and Social Media Influencer Challenge drew significant participation, reflecting the growing interest in integrating technology and communication in HIM.

The grand finale saw the top 10 teams presenting their innovative projects to a distinguished panel of judges, including international experts such as Ahmed Alhatlan, CPHIMS, CHIM, CSP, GRCP; Dr. Guillermo Paluzie, MD, PhD; Sharon Campbell, BSc (HIM), MHAdmin, CHIM; and Hosizah Markam, PhD, M.KM.

The event culminated in an awards ceremony that celebrated the outstanding achievements of participants. Notable winners included:

- Mobile Health App Development: 1st Place, Politeknik Negeri Jember (Harmony).
- Clinical Coding Innovation: 1st Place, Universitas Esa Unggul (CorrectMe).
- EMR Contest: 1st Place, Universitas Esa Unggul (EMR Laboratory).
- Social Media Influencer Challenge: 1st Place, Universitas Esa Unggul (Chill and Study).

## Calendar of Events

**AUGUST 28 – 29, 2025**

### 51st Japan Society of Health Information Management Academic Conference

Sonic City (1-7-5 Sakuragicho, Omiya-ward, Saitama, Saitama Prefecture), Japan  
Language: Japanese  
JHIM

**OCTOBER 12-15, 2025**

### AHIMA25

Minneapolis, MN, USA  
Language: English  
AHIMA

**OCTOBER 29 – 31, 2025**

### 2025 National Health Information Management Conference

QT Hotel Canberra, Canberra, Australia  
Language: English  
HIMAA

### 52nd Japan Society of Health Information Management Academic Conference

MALIOS/aiina (2-9-1 Moriokaeki Nishidori, Morioka, Iwate Prefecture)  
Language: Japanese  
JHIM (Japan Society of Health Information Management)

Learn more about IFHIMA events at:  
<https://ifhima.org/events/>



These projects highlighted the potential of HIM students to innovate and address pressing challenges in healthcare.

The success of the event was underpinned by strong collaborations. Nine partner institutions supported the competition, including Universitas Esa Unggul and Sekolah Tinggi Ilmu Kesehatan Yayasan Rumah Sakit Dr. Soetomo. This collaboration not only enhanced the quality of the event but also emphasised the importance of building global networks within the HIM community.

The HIM Student Talent 2024 showcased the critical role of innovation in advancing health information management. By empowering students and fostering collaboration, IFHIMA SEAR has paved the way for future leaders in HIM. This initiative underscores the vision of a healthier world enabled by quality health information.

For more information please visit our website:

<https://ifhimasear.net/>

#### Authors:

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*Meike Nurmalasari  
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Indonesia*

*Husni Abdul Muchlis  
Universitas Esa Unggul,  
Indonesia*

## IFHIMA Invited to Speak

IFHIMA is delighted to accept the speaking invitation from Dr Miroslav Zvolsky for September 23, 2025, for the 10th annual KlassifiCon event in Prague, Czech Republic. Dr Guillermo Paluzie, European Regional Director, will represent IFHIMA at this event. Dr Zvolsky, the KlassifiCo organizer, has previously spoken at two IFHIMA ICD-11 events. We look forward to sharing IFHIMA updates and hearing the latest classification and standards news from the Czech Republic.

## From Conversations to Change: The Work of Advocacy

*This article was reprinted with permission from Journal of AHIMA, May 23, 2025. (c) AHIMA 2025.”* <https://journal.ahima.org/page/from-conversations-to-change-the-work-of-advocacy>

Each spring, the American Health Information Management Association (AHIMA) Advocacy Summit brings health information (HI) professionals from across the country to Washington, D.C. This year, 173 attendees representing 42 states—and the District of Columbia and Puerto Rico—met with congressional offices to share what they see on the ground every day and to advocate for policies that move our field forward. These conversations matter. And so do the people who are having them.

HI professionals have a deep understanding of how data flows through the healthcare system. That perspective is essential when it comes to shaping federal policies around patient identification, the use of artificial intelligence (AI), privacy protections, and more. The AHIMA Advocacy Summit helps elevate these voices at the national level by providing a structured, impactful space to engage with policymakers.

In 2025, attendees focused on two key policy priority areas. First, they advocated for the reintroduction of the MATCH IT Act (H.R. 2002), which seeks to improve patient identification and matching—a challenge that impacts patient safety and can lead to claims denials across care settings. Second, they supported the introduction of legislation concerning the use of administrative AI and its effect on the workforce. Both issues reflect larger conversations happening across healthcare and underscore the need for thoughtful, experienced input from those who deeply understand how data supports care.

The AHIMA Advocacy Summit also offered policy briefings on timely topics such as social determinants of health, electronic prior authorisation, and patient privacy. These sessions help equip AHIMA members with the knowledge and language they need to contribute meaningfully to policy discussions long after they return home.

But advocacy doesn't start or end with a one-time visit to Capitol Hill. It is part of our professional responsibility to speak up for federal policies that improve patient care, reduce administrative burden, and strengthen our systems. Whether you're serving on an AHIMA council or advisory group, contributing to a comment letter, or having a quiet conversation with a colleague about the importance of accurate documentation, you are an advocate.

AHIMA advocacy efforts rely on this type of steady, collective engagement from our members. We are grateful to those who travelled to Washington and to those who continue to show up in other meaningful ways throughout the year. Your contributions shape how the profession is recognized, respected, and celebrated.

Thank you for all that you do to support this important work.

*Author:*

*Lauren Riplinger, JD  
Chief Public Policy and Impact Officer  
AHIMA*

## Island Inspirations: Pioneering Progress in HIM for Small Island Developing Countries

"Agitate, Educate, but Do Not Violate" – these were the renowned words of the esteemed and Honourable Clement Payne, a former trade unionist and national hero of Barbados, during the 1937 labour riots.



Neil Clark (left), CEO of the Queen Elizabeth Hospital, discussing the importance of Health Information Management with St. Michael Secondary School Students

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As the global community progresses through the digital revolution, advocacy within the HIM sector must assume a pivotal role in change management initiatives. The justification for such an approach lies in the persistent deficiency in awareness among key stakeholders, despite the longstanding existence of the HIM profession. Addressing this knowledge gap is essential for the effective integration of HIM policies into broader digital transformation strategies, thereby ensuring that the sector's contributions are recognized and leveraged to facilitate optimal health information systems development.

In an effort to address existing knowledge gaps, Barbados Health Information Management Association's (BHIMA) strategic objectives were primarily directed towards enhancing awareness and understanding of the HIM profession. As part of the 2024 HIM Week, the organisation prioritised educational initiatives aimed at elucidating the vital role of HIM within the broader healthcare ecosystem. The activities commenced with a church service, which served to inform attendees about the BHIMA and the integral function of HIM in supporting healthcare delivery and patient outcomes.



Ruth Hunte (far left), Vice President of the Barbados Health Information Management Association, and Natalie Lynch, Supervisor of Medical Records (right), with staff and students of the Graydon Sealy Secondary School.

## Pacific Health Information Network (PHIN) Leadership Announcement and Meeting Highlights

### A New Chapter Begins

It is with great honour that I introduce the newly elected leadership team of the Pacific Health Information Network (PHIN), marking a transformative chapter in our collective effort to strengthen digital health and health information systems across our island nations.

*Mr. David Dowiyogo, PHIN President 2025-2027*

PHIN 2025 Leadership Team:

- President – Mr. David Dowiyogo, Nauru
- Vice President – Etika Temo, Republic of the Marshall Islands
- Board member– Alicia Hipa, Niue
- Board member – Tifa Atuejajo, Tonga
- Board member– Rachel Takoar Vanuatu

### Our Vision and Priorities

Together, we commit to building an inclusive and interoperable health information ecosystem through:

- Championing digital health interoperability across Pacific Island Countries.
- Advancing data governance, accuracy, and local capacity-building.
- Strengthening alignment with the Healthy Islands Monitoring Framework (HIMF).
- Facilitating regional collaboration and shared technical learning.



PHIN Group

Furthermore, the organisation engaged in televised and radio broadcasts to facilitate public awareness regarding the significance of HIM, and the need for ongoing health information reforms within Barbados. Additionally, Barbadian secondary school students were afforded the opportunity to tour the Queen Elizabeth Hospital, where they were educated on the inner workings of the HIM department and the value it brings to the organization.

It is incumbent upon all HIM professionals to continue efforts in raising awareness, elevating professional standards, and educating the public on the critical importance of health information management in advancing healthcare quality and efficiency.

### DO NOT GIVE UP!



Shanika Waterman, Marketing Assistant of BHIMA (left), Nikita Herbert, Slam 101.1 Radio Host, and Jamane Sargeant, President of BHIMA (right).

*Author:*

*Jamane Sargeant BA (UWI) RPT (AMT)  
President (BHIMA)  
Barbados Deputy Director (IFHIMA)*



We extend our heartfelt thanks to the outgoing leadership and look forward to propelling PHIN's momentum into a new phase of meaningful impact.

## PHIN Meeting Highlights – March 2025, Nadi, Fiji

### Strategic Focus

- Align national digital health efforts with regional priorities
- Advance implementation of HIMF
- Consolidate input for the Pacific Health Ministers Meeting
- Build synergy between technical partners and country teams.

### Key Objectives

- Develop a scalable interoperability framework for the region
- Finalize the 4th HIMF report for policy planning
- Strengthen mortality data coding and integration with Civil Registration and Vital Statistics systems
- Map current strategies and identify digital health investment gaps
- Promote FHIR, SNOMED, and other tailored global standards.

### Regional Outcomes

- Stronger coordination between SPC, WHO, UNICEF, and Pacific governments
- Renewed commitment to digitized records, mortality tracking, and inclusive training
- Momentum toward ownership and excellence in national health information systems.

### Looking Ahead

We invite all PHIN members, partners, and stakeholders to engage, contribute, and collaborate. 2025 is our opportunity to build smarter health systems and empower every island nation with quality data and innovation.

Let's move forward together—with unity, purpose, and Pacific pride.

*Author:*

*Mr. David Dowiyogo  
PHIN President  
Nauru*

## Congress of the Spanish Association of Medical Documentalists, Spain 2025



One-hundred twenty-five participants attended the 20th Congress of the Spanish Association of Medical Documentalists (SEDOM) hosted in the city of Valladolid at the University Hospital Rio Hortega. The Congress was attended by Dr. Viviana Pulgar Perera as President of the Organising Committee, and Dr. Carla Barbosa López as President of the Scientific Committee. The main topics were

the digital future, artificial intelligence momentum, process innovation and data governance.

The award for best oral presentation was awarded to “We know who we are and what we do, but do users and patients know this?” by Arturo José Ramos and colleagues from University Hospital Puerta De Hierro, Madrid. The project involved developing a website to showcase the work of the admissions and documentation services.

The award for best poster went to “Descriptive analysis of hematological neoplasms treated with CAR-T therapies in a tertiary hospital” by authors Juan Martín Romero and collaborators from University Hospital 12 de Octubre, Madrid.



Alberto Romero, Vice President of SEDOM





From left to right: Dr. Carla Barbosa López President of the Scientific Committee, Dr. Arturo José Ramos winner of the best oral presentation award and Dr. Viviana Pulgar Perera President of the Organising Committee.

Finally, it is worth highlighting the presentation given by Alberto Romero, Vice President of SEDOM, titled “Is medical documentalist an extinction species?”. Currently, there is evidence of aging professionals holding the most senior positions, and actions are proposed to promote training. From a realistic position, accepting the problem of generational change in the most important governance positions in healthcare information systems is also an opportunity to incorporate other professional profiles that digital society demands. Without forgetting that the ongoing training of current professionals is essential to avoid falling behind and becoming stuck in the past.

*Author:*

*Guillermo Paluzie  
IFHIMA Regional Director  
Europe*

## Highlights from IFHIMA

Lynette Carskowski, IFHIMA Americas Regional Director and Lorraine Fernandes, IFHIMA Immediate Past President, are sharing an IFHIMA update with CAHIIM, the Commission on Accreditation of Health Informatics and Information Management. Thanks CAHIIM for the opportunity to share IFHIMA highlights during your Education Summit on September 16, 2025.

## From a Lakeside Classroom to Global Influence: 90 Years of Health Information Leadership at The College of St. Scholastica



This picture was taken during the first program survey in June of 1935 in Duluth, MN. Mary Gears (left) was approved as the first program instructor. Edna K. Huffman (centre), President of the Association of Record Librarians of North America, conducted the first official survey of the program, and Sister Patricia Thibadeau (right) served as the superintendent and director of the program.

If you have never heard of The College of St. Scholastica (CSS), picture a modest-sized castle-like historical campus perched on the rugged shore of Lake Superior in Duluth, Minnesota (MN). What we lack in size we make up for in pioneering spirit, especially in Health Informatics and Information Management (HIIM).

### A Bold Beginning

On 9 November 1934, CSS partnered with nearby St. Mary's Hospital to create the world's first undergraduate program in medical record librarianship, a forerunner of today's HIIM degrees. That single classroom experiment set standards that ripple through healthcare data practices worldwide.



Medical records students at St. Mary's Hospital in Duluth, MN in 1938.

## Lessons in Constant Adaptation

Over nine decades we have rewritten our curriculum countless times: from typewritten ledgers to punch cards, mainframes, electronic health records (EHR), and now cloud-hosted analytics and artificial intelligence (AI). Each wave of change confirmed a simple truth - professionals must continually upskill. Faculty and alumni have responded by writing foundational textbooks, leading international associations, and guiding policy on every continent.

## Facing the AI Frontier - Ethically

The next upheaval is AI. Algorithms promise earlier diagnoses and operational efficiencies, but they also raise profound questions about privacy, bias, and accountability. CSS addresses those questions head-on, weaving data-governance labs and ethics case studies into every program. We anchor this work in our institutional mission to “provide intellectual and moral preparation for responsible living and meaningful work,” ensuring technological progress never outruns human dignity.

## A Global Footprint from a Local Campus

Today the HIIM Department counts six full-time faculty, serves roughly 150 students across five programs accredited by the Commission on Accreditation for Health Informatics and Information Management Education, and boasts more than 2,000 alumni serving as analysts, managers, directors, executives, and educators around the globe.

To keep this momentum strong, the department established the HIIM 90th Endowed Fund. Income from the fund will support student internships, conference participation, global partnerships, and state-of-the-art classroom technology, ensuring the next generation stays ahead in a rapidly evolving field.

## Looking Forward

Our priorities for the next decade are clear:

- **AI and Data Governance:** Graduating leaders who can design and audit ethical AI.
- **Global Collaboration:** Sharing best practices through new international partnerships.
- **Inclusive Excellence:** Expanding scholarships and training to diversify the HIIM workforce.



Back to front, left to right: David Marc, Katie Kerr, Eric Nordgren, Madonna LeBlanc, Pam Oachs, Janelle Wapola. Pictured are HIIM faculty and staff in 2022. Amy Watters is missing from the photo.

Ninety years after that first HIIM students entered the classroom, CSS remains proof that a small college with a big mission can shape the way the world manages health information, and that the best chapters of our story are still being written.

*Author:*

*David Marc, PhD, CHDA  
Associate Professor | Department Chair,  
Health Informatics Graduate Program Director, The College of  
Scholastica*



## Proud to be an IFHIMA member

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[go.tcss.edu/IFHIMA](https://go.tcss.edu/IFHIMA)



The College of  
*St. Scholastica*

## Strengthening Digital Health Collaboration: Hong Kong Hospital Authority Delegates Visit Sydney Local Health District

Sydney Local Health District (SLHD) had the pleasure of hosting senior delegates from the Hong Kong Hospital Authority (HA) to explore innovations in digital health, artificial intelligence (AI) and virtual care.

The Hong Kong HA is the statutory body responsible for managing all public hospitals and healthcare services across Hong Kong.

This visit was hosted by the Digital Health & Innovation (DH&I) Services and the Royal Prince Alfred (RPA) Virtual Hospital team. It served as a reciprocal gesture following my educational visit to HA last year.

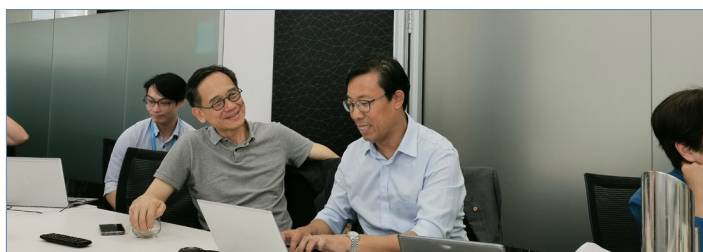


HA visitors together with the RPA Virtual Hospital team

The visitors led by Dr NT Cheung, Head of Information Technology and Health Informatics, were joined by executives representing Allied Health, Cluster Performance and Health Informatics.

### Highlights of the Visit:

- Tour of RPA Virtual Hospital: Showcasing Australia's first virtual hospital and its innovative approach to delivering remote care to patients.
- Tour of RPA Rehabilitation Services: Sharing and comparing approaches to allied health services and digital rehabilitation support.
- Demonstration of the Digital Twin model using CEDRIC: Showcasing real-time data visualisation to enhance hospital operations in South Western SLHD.
- Showcase of the SidAssist AI Platform: Highlighting SLHD's innovations in Generative AI, supporting clinical, administrative and training needs.
- Demonstration of the Telehealth platform Florence: Highlighting a patient-centric digital platform that streamlines appointment management, check-in, communication and enhances patient engagement.



HA visitors together with the RPA Virtual Hospital team



Dr NT Cheung (Left) presenting a thank you gift to Mr Willy Chan (Right)

Throughout the day, the HA delegates engaged in rich discussions with DH&I and RPA virtual leaders, exchanging knowledge on service delivery innovations and sharing insights from Hong Kong's health system experience. The visit reinforced the importance of international benchmarking and peer exchange in advancing digital health capabilities.

The success of this visit continues to strengthen ties between SLHD and HA, fostering international collaboration in digital health, virtual care and AI driven healthcare solutions.

It was a pleasure to coordinate and facilitate this event, solidifying existing relationships and making new connections along the way. Both organisations look forward to further collaboration opportunities in the future.

**Author:**

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Manager, eMR Applications, Digital Health & Innovation Services  
Sydney Local Health District, Australia*

## Korea's Health Information Managers Mark 40 Years with Forward-Looking Academic Summit

Over 1,000 delegates filled Sejong University's Gwanggaeto Hall on 16-17 May for the 91st Academic Conference of the Korean Health Information Management Association (KHIMA), themed "Data-Management Innovation in the Era of Digital Transformation". The two-day gathering offered nine parallel tracks—HIM, data curation, data services, ICD-11 implementation and more—mirroring the fast spread of Artificial Intelligence (AI) and automation across Korean healthcare. Speakers showcased AI-based clinical-documentation engines, Python-powered robotic process automation (RPA) workflows and new safeguards for big-data lakes, all aimed at raising patient-centred care.



KHIMA's 91st Academic Conference.

This year's congress carried extra significance: 2025 marks forty years since Korea issued its first professional license to a health-information manager. KHIMA's President, Baek Seol-kyung, opened the meeting by proclaiming the inaugural "Health Information Managers' Day". In her keynote, Baek said the designation honours practitioners "on the front line of data quality and patient safety" and underscores their role in making Korea's digital-health revolution "safer, higher-quality and more integrated".



The proclamation ceremony attracted greetings from National Assembly member Kim Yoon, Korea Institute for Healthcare Accreditation President and Korean Allied Health Professionals Association Chair. A commemorative video and live performance added a celebratory flourish to the scientific agenda.

Baek stressed that, as AI and big data reshape medicine, health information managers must safeguard national health records with even greater precision and security. Doing so, she argued, will elevate clinical outcomes and speed development of a truly patient-centred, integrated care ecosystem. The record turnout and animated debate showed that KHIMA's drive to equip members with forward-looking, cutting-edge digital skills is gaining momentum—and that the profession stands ready to guide Korean healthcare in the years ahead toward globally recognised data excellence.

### Training Session: Medical Information Track, 16th Korea Healthcare Congress 2025

On Thursday, 10 April 2025, at the Korea Healthcare Congress 2025 (KHC) hosted by the Korean Hospital Association, KHIMA led a dedicated Medical Information Track. Under the banner “Finding New Directions for Health-Information Management amid Change and Innovation,” the session focused on how health information managers must adapt to the AI era. Training highlighted:

- Documentation support within specialist-centred care models,
- Predictive-analytics capabilities drawn from electronic medical record data, and
- The evolving responsibilities of managers as AI tools are deployed.

The program not only shared practical case studies but also laid out clear pathways for strengthening professional competencies.

#### Author:

*Young-Joo Won, PhD  
International Director  
Korean Health Information Management Association (KHIMA)*

## HIMAA Launches National Guideline to Support AI Adoption in Clinical Coding



In June, the Health Information Management Association of Australia (HIMAA) announced the release of the [Australian Clinical Coding AI Adoption Guideline](#) (The Guideline), a landmark initiative that supports the responsible integration of artificial intelligence (AI) into clinical coding practice across Australia. The Guideline outlines key

considerations that are essential for the responsible, ethical, and effective application of AI in producing clinical coded data.

The Guideline was developed by the HIMAA initiated Clinical Coding and AI Industry Taskforce that included professional association, government, researchers, public sector, private sector, software vendors, clinical coding professionals and clinical governance experts. As the nation's peak body for clinical coding workforce, standards, and competencies, HIMAA facilitated this important initiative in response to the growing need for clarity, consistency, and ethical oversight in the evolving digital health environment.

AI technologies offer significant potential to enhance clinical documentation integrity, enable autonomous coding, support clinical coding audits, and improve health information management. However, adopting AI to generate clinically coded data is complex. It must be navigated within a landscape shaped by the intricacies of clinical documentation, classification systems, funding and reporting requirements, human expertise, legislative and standards compliance, privacy and security concerns, risk management, ethical considerations, and the ongoing drive for safety, quality, and efficiency.

The [Australian Clinical Coding AI Adoption Guideline](#) is a guide for healthcare organisations, the clinical coding workforce, software companies, government agencies, users of coded data, and educators involved in, supporting, or dependent on clinical coding across Australia.

In the Australian context of clinical coding and classification licencing, where ICD-10-AM/ACHI and the Australian Coding Standards are used for inpatient morbidity coding, this Guideline identifies the current use cases for clinical coding automation with artificial intelligence while highlighting current known limitations of AI in clinical coding and acknowledging that AI technologies have and will continue to evolve. While developed for the Australian context, the overarching principles will have universal applicability to other countries.

A number of important considerations relating to governance, risk management, privacy and security, ethical and safe use, quality improvement, collaboration and partnership, and human expertise outlined in the Guideline is intended to guide the responsible, ethical, and effective use of AI in the production of clinical coded data in accordance with classification and compliance requirements.

“This guideline is essential to achieve the benefit of AI technology to enhance the clinical coding process within the context of best practice health information management and governance principles,” said Sallyanne Wissmann, CEO HIMAA “We are proud to lead the conversation and provide this resource to support sustainable digital transformation in this important area of health information management.”

Access the Guideline:

[Australian Clinical Coding AI Adoption Guideline](#)

Learn More:

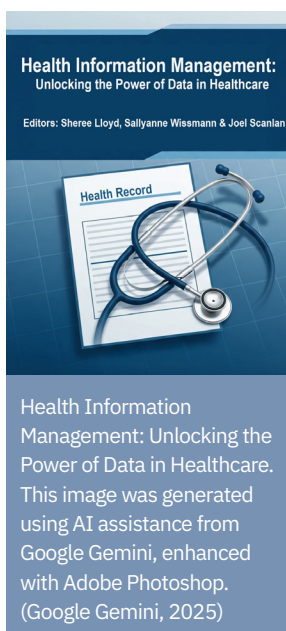
<https://www.himaa.org.au/our-work/clinical-coding-and-ai-industry/>

Feedback/Enquiries: [himadvisor@himaa.org.au](mailto:himadvisor@himaa.org.au)

*Author:*

*Sallyanne Wissmann, FHIMAA, AFCHSM, CHIM, CHIA  
Chief Executive Officer  
HIMAA*

## Health Information Management: Unlocking the Power of Data in Healthcare



Introducing “Health Information Management: Unlocking the Power of Data in Healthcare” - a comprehensive textbook for healthcare professionals.

Advance your understanding of health information management and its role in health service management, policy development, and patient care. This comprehensive text brings together expert knowledge from leading health information, digital health, cybersecurity, and analytics professionals from across the globe. This text provides a comprehensive exploration of health information management, guiding readers from

foundational principles to the future trajectory of the field.

**The textbook aims to:**

- Establish the foundation of healthcare systems and performance through effective data and information management.
- Master strategic leadership and management in the health information management profession.
- Navigating the critical landscape of privacy, security, and ethics.
- Examine the latest developments in health information management and digital technologies.
- Apply health information management practices to enhance patient safety and advance the Sustainable Development Goals.

Whether you're a student, health information management professional, clinician, or healthcare leader, this essential resource provides the tools you need to navigate the evolving landscape of health information management. Learn from industry experts how to harness the power of information to improve healthcare delivery, support patient safety, and drive innovation.

## Suggested reading for:

- Health Information Management professionals
- Health service managers and administrators
- Students in health information management, and health sciences
- Healthcare safety and quality managers

Available FREE on Pressbooks - September 2025

## HIMAA Launches Health Information Management Profession Identity Statement

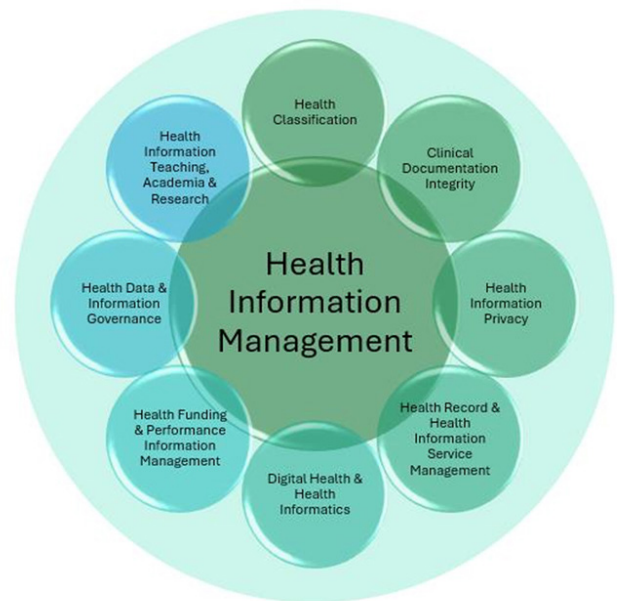
In May, the Health Information Management Association of Australia (HIMAA) launched the [Health Information Management Profession Identity Statement](#) — a document that recognises the vital contribution of health information management professionals across the health and care sectors.

### The core professional identity is as follows:

*The practice of health information management professionals enables data created during the delivery of healthcare to be interpreted and transformed into useful information and knowledge, adding value as it moves through the health and care systems. Health information management professionals co-design processes and systems within legislative and compliance frameworks to enable information to be accurate, complete, accessible for authorised purposes, ethically managed, and secure. Trusted and timely information supports the delivery of optimal health and care, as well as informed, evidence-based decisions. Health information management practice includes an understanding of the health and care ecosystems together with applied knowledge and skills in health information science;*

*information integrity, privacy and governance; classifications and terminologies; and information and record systems. The practices of health information management can be applied broadly and in multiple settings.*

The Identity Statement defines the core occupations of Health Information Managers, Clinical Coders, and Clinical Documentation Specialists, articulating the identity, scope, and value of these important professionals who manage patient health information in the health and care sectors. These professionals have specialised knowledge and skills in the areas of health classification, clinical documentation integrity, health information privacy, health record and health information service management, digital health and health informatics, health funding and performance information management, health data and information governance, and health information teaching, academia and research.



**Figure 1: Health Information Management Profession Specialisation**

Professionals work in a variety of roles across the spectrum of operational, managerial, strategic and leadership functions.

*“Health information professionals are the custodians of healthcare data, ensuring its integrity and protection while being appropriately used for insights and decision making at all levels of the healthcare system. This new identity statement recognises their expertise and strengthens their position in shaping future health systems and capability”* said Sallyanne Wissmann, CEO of HIMAA.

The Health Information Management Profession Identity Statement identifies the broader contribution that Health Information Managers are able to contribute in relation to project management and business development, executive management, policy and government initiatives, patient safety and quality, patient advocacy and health literacy support, data analytics and predictive modelling, interoperability and standards development, public health, cybersecurity and risk management, and corporate record management.

It also highlights the key executive value of Health Information Managers in relation to strategic decision-making, data governance and compliance, operational efficiency, and leadership in digital transformation.

Aligned with national workforce classifications and healthcare priorities, this Identity Statement strengthens advocacy, supports workforce development, and builds recognition across the broader health system.

Access the Guideline:

[Health Information Profession Identity Statement](#)

Learn More:

<https://www.himaa.org.au/index.cfm//about-himaa/about-himaa/>

Feedback/Enquiries: [himadvisor@himaa.org.au](mailto:himadvisor@himaa.org.au)

#### Author:

*Sallyanne Wissmann, FHIMAA, AFCHSM, CHIM, CHIA  
Chief Executive Officer  
HIMAA*

## Your Future as a Clinical Coder Starts Here Enrol in HIMAA's Diploma of Clinical Coding – 100% Online & Industry-Endorsed

The HLT50321 Diploma of Clinical Coding, delivered by the Health Information Management Association of Australia (HIMAA), is your direct pathway into Clinical Coding. Clinical Coders are in high demand across the health sector. They turn patient records into standardised codes that power health system funding, policy, and care delivery.

Are you ready to take the first step toward a secure, respected and meaningful career in healthcare?

As Australia's health sector continues to evolve, the demand for skilled Clinical Coders is rapidly increasing. Clinical coding plays a pivotal role in ensuring the quality and integrity of health data, supporting effective service delivery, policy development, clinical research, and financial management across the healthcare system.

In response to this need, HIMAA (RTO 91660) offers the nationally recognised HLT50321 Diploma of Clinical Coding—a leading qualification designed to equip students with the practical skills and theoretical knowledge required to thrive in this essential health information profession.

### A Career with Impact

Clinical Coders are responsible for translating medical documentation into standardised codes using the International Statistical Classification of Diseases and Related Health Problems – Tenth Revision, Australian Modification (ICD-10-AM) and associated classification systems. These codes underpin a range of healthcare functions, including hospital funding, health statistics, performance indicators, and patient safety initiatives.

With the increasing complexity of healthcare delivery and the transition to digitally enabled systems, Clinical Coders are more important than ever. They are critical thinkers, detail-oriented professionals, and trusted stewards of health information.





## Diploma of Clinical Coding

Elevate your career with a nationally recognised qualification in clinical coding

[Learn More](#)



### Why Choose HIMAA's Diploma of Clinical Coding?

As the national peak body for health information management, HIMAA is uniquely positioned to deliver the highest standard of training in clinical coding. The Diploma of Clinical Coding is:

- Nationally recognised qualification
- Developed in collaboration with the health sector
- Flexible, fully online learning format
- Reflects workplace coding requirements
- Expert educator support and tutorials

### Outcomes and Opportunities

Graduates of the Diploma of Clinical Coding are in high demand across the health sector, with roles available in public hospitals, private healthcare organisations, third-party coding providers, and government health departments. The qualification also opens pathways for further professional development, including HIMAA's Certified Health Information Practitioner (CHIP) credential and future health information leadership roles.

### What Our Students Say

*"The course gave me a solid foundation and the confidence to begin my career in clinical coding. The support from HIMAA trainers was exceptional."*

– Diploma Graduate, 2024

*"I've been able to apply what I learned directly into the workplace. The online structure made it manageable alongside my part-time job."*

– Current Student, 2025

### Where Can It Take You?

HIMAA graduates are employed across:

- Public and private hospitals
- Coding service providers
- Government health departments
- Health research and consulting firms

### Get Started Today

If you are detail-oriented, enjoy problem-solving, and want to play a meaningful role in Australia's healthcare system, the Diploma of Clinical Coding is the ideal starting point. This qualification empowers students to make a difference in the health sector while establishing a rewarding and secure career path.

To learn more or enrol, visit: <https://www.himaa.org.au/education-services/>

Or contact our Education Team at: [education@himaa.org.au](mailto:education@himaa.org.au)

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## International Standards Update for Health Information Managers

This is a report of new standards developments developed by the international community to support digital health around the world. Information standards for healthcare are key to information exchange but also to safe and efficient care. The world of health information standards has a range of players each covering different parts of the digital health puzzle.

Standard bodies in this area have joined together to share and harmonise the work needed. This group of organisations form the Joint Initiative Council for Global Health Informatics Standardization, generally referred to as the JIC.

Key organisational members include ISO/TC215, HL7 International, SNOMED International, openEHR, IEEE, LOINC, IHE International, S1, CDISC and DICOM. No one body provides all the standards to support healthcare. Some standards are joint work – such as the International Patient Summary, which is a joint activity between HL7, IHE, SNOMED, and ISO.

Other standards are developed by specific members of this community.

Organization	Scope of standardization
HL7 (FHIR)	Information exchange – messaging.
SNOMED International	Terminology code system used for clinical practice and healthcare more generally.
openEHR	Information model for data used in clinical practice including data specifications in a maximal model of all data relevant for care. These standards represent standardisation of data for the electronic health record.
ISO/TC215	Includes standards on best practice, quality assessment and maturity. Standards on categorial structures which underpin classification and terminology development and electronic health record (EHR) system design (which underpin openEHR).

At the May ISO/TC 215 Health Informatics meeting held in London, the publication of new standards was announced. This is a report of new standards and initiatives of which HIMs should be aware. The items listed here are of particular relevance to HIMs, though these are just a selection of new publications.

ISO 21564:2025 Health Informatics – Terminology resource map quality measures and requirements (MapQual)

After being published as a technical specification (TS) some years ago, this work has been widely adopted as a tool for assessing the safety and quality of data maps from one code system to another. This updated publication as a full international standard includes specifications for identifying whether a map used for data in clinical practice is safe for use or not. This is essential information for any HIM. The document identifies key determinants of quality of a data map and as such is useful for those who develop maps or use data which is produced using a map.

ISO/TS 17117-3:2024 Health Informatics – Terminological resources Part 3: Terminology Implementation Maturity Model (TIMM)

So many of our systems today are using clinical terminologies such as SNOMED CT or classifications such as ICD-11 in our health records. This standard identifies how to assess the capability of your implementation. Such assessment can be used to identify future developments needed, or to benchmark your implementation against best practice. HIMs wishing to lead terminology use in your organisation or EHR should be familiar with this standard.

ISO/PAS 24305:2025 Health Informatics – Guidelines for implementation of HL7 FHIR based on ISO 13940:215, ISO 13606-1: 2019 and ISO 13606-3:2019

This standard explains the technical requirements for integration of the requirements for use of HL7 FHIR (Fast Healthcare Interoperability Resources) standards for information messaging in conjunction with openEHR information models and defines maps between these two standards to ease implementation.

HL7 FHIR provides messages from one healthcare system to another while ISO 13606 is a series of standards which define the structure needed for clear, safe and sustainable electronic health record data (which openEHR standards are based on).

All HIMs should be familiar with the principles of ISO 13606 which covers EHR communication from basic architecture, terminology use, reference models, security, interfaces and archetypes. These standards are key to major changes in healthcare which are designed to leverage the capacity of computerised data. Implementation may be resisted by those with a vested interest in controlling data in our systems. We need to be aware of why it is so easy to change from one accounting software vendor to another – this is not just because their data is simpler than that of healthcare, but largely because all systems use the same data structure (the chart of accounts) and data definitions such as income. Europe is leading the way in a greater understanding of the use of standard electronic data held in shared platforms to support safer and more efficient care and systems, such as clinical decision support.

**ISO/TS 16551:2025 Health Informatics – Reference Model for virtual reality (VR) based clinical practice simulation**

This is a TS – which is a standard document which identifies conformance requirements but is an early implementation. TS publications are designed to test new standards and are usually upgraded to full international standards after they have been used. This specific work identifies components, relationships, data elements and types of data as well as the role of users of VR based clinical practice simulation. It would be useful for HIM professionals to evaluate this standard if involved in any such simulations and thereby inform the update of this item.

**ISO/TS 9166:2025 Health Informatics – Guidelines for self-assessment questionnaire systems**

Understand the structure and components of such questionnaires and best practice in their administration and management

**ISO/TS 6226:2025 Health Informatics – Reference architecture for syndromic surveillance systems for infectious disease (ISO, 2025)**

This document specifies the concepts, data sources and outputs needed for such systems from the perspective of the diagnostic processes.

Work is also underway for new standards covering all concepts required to manage continuity of care (watch for the standard referred to as ContSys) which is being extended to include social care as well as health care.

Another key piece in development relates to assessment of data quality. Most existing standards used to assess data quality use static data, i.e., data in one system or use case. This work reflects the need for quality data across a range of use cases where data may be collected once and used for many purposes. Standards for governance, data foundations and assessment methods are in development. Any HIM wishing to contribute should contact their national standards body.

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## Call for Articles!

### Put Your Fingers to the Keyboard, Please!

IFHIMA Global News warmly welcomes contributions from individual members and member countries alike. We're always on the lookout for short articles (400–700 words) that highlight HIM activities, summarise meetings, or showcase key events in your region.

To keep editing to a minimum and ensure your submission is considered, please respect the word limit. Articles exceeding this may require significant edits or may not be accepted.

Global News is published approximately three times per year, depending on content availability and the generous support of our volunteer editors. Submissions that include images, charts, or graphics are especially encouraged—they help bring your stories to life.

Send your articles in **Word format** (no PDFs, please) to:

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

Subject line: Editor, Global News

We look forward to sharing your stories with the global HIM community!



## Letter from the Editorial Team

The IFHIMA Global News Editorial Team is pleased to present the second issue of IFHIMA Global News for 2025. This issue received articles from many different associations and authors, from the Global News Editorial Team I would like to extend our thanks, without your contributions we would not be able to create this publication.

IFHIMA's "Focus on the Future of HIM" series was a highlight in the first half of 2025. This issue features a range of articles on the series, from showcasing the variety of presenters from all over the world to noting key takeaways that can be applied globally.

Around the world there are exciting events taking place, including conferences in Korea and Spain, and the HIM Student Talent event held by IFHIMA's SEAR which provided a platform for HIM students to collaborate and apply their skills.

I would like to note that throughout this issue, Artificial Intelligence was a constant theme. Technology has improved exponentially, with new innovations being introduced every year, including AI. As each country works to incorporate these innovations into their health system, it is important to develop guidelines like those recently published by IFHIMA and HIMAA. These guidelines will help shape the way we work with AI, considering the need to be responsible and ethical.

The IFHIMA Global News team will continue to strive to bring our readers interesting, relevant, and informative content from across the IFHIMA regions through 2025. As always, we welcome contributions from members from around the world. A copy of the guidelines can be found [here](#).

*Georgia Savvopoulos BICT (HIM)*

On behalf of the IFHIMA Global News Editorial Team



*IFHIMA Editorial Team*

Our team is made up of Health Information Managers (HIMs) who are passionate about the profession and enthusiastic about the many opportunities it offers. We enjoy working together as HIMs and are especially keen to contribute to initiatives like the IFHIMA Global News, where we can support global collaboration and share insights from the field. The team includes Breanna Harnetty BHLthSc (MedClass), BHLthInfoMgt, Georgia Savvopoulos BICT (HIM), and Filippa Pretty B.App Sci. (HIM).

### 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, Australian team ([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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