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.

IFHIMA
INTERNATIONAL FEDERATION OF
HEALTH INFORMATION MANAGEMENT ASSOCIATIONS

Incoming President's Address

As we embark on this new chapter, I am honored to welcome all our members, both longstanding and new, to another exciting phase in advancing the global health information management profession. As President, my vision is to foster inclusive capacity building, support efforts to close technological gaps across all regions, and strengthen strategic partnerships ensuring that all nations, from developing countries to major economies, have the tools and knowledge needed to advance and transform health systems across both traditional and digital health environments.

As I take on this role, I am dedicated to championing IFHIMA's mission and driving our collective vision *"a healthy world enabled by quality health information"*. Guided by our values of Leadership, Integrity, Mutual Respect, and Collaboration, I look forward to empowering our members, deepening partnerships, and encouraging innovation across our global community.

I warmly welcome our new Board members, sincerely thank those who are continuing, and express heartfelt appreciation to those completing their service. Together, we move forward with renewed commitment, guided by our shared purpose and inspired to make a positive impact across the global HIM community.

Deneice Springer (née Marshall), M.Sc., Dip.Ed., RHIA
President, 2025-2028
IFHIMA

Deneice Springer (née Marshall), M.Sc., Dip.Ed., RHIA

Incoming President

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Presidents Farewell

Dear colleagues, many of whom I also am pleased to call friends,

In my last address as the out-going President, I would like to reflect on my 3 years in this role and leave you with some encouragement for the future.

During this time, we have made some significant achievements, which I summarised at the recent General Assembly. These include:

- Constitution update that included having annual General Assemblies held virtually, staggered terms for Regional Directors, modernisation of the language and changed to ensure conformance with Illinois State law
- Membership growth especially in Associate, Corporate and Educational Institution membership categories
- Financial growth
- The establishment of 4 new Communities of Practice for ICD-11, HIM Educators, Research and Digital Health
- Greater strategic engagement, including with WHO and the United Nations Development Program.

The last 5 years, since I took on the role of President Elect for IFHIMA, have been the hardest years of my life on a personal level, having stepped into the role during the height of the COVID pandemic and then spending the next 4 years caring for my elderly parents until their passing. Having the work of the Federation to focus on was actually a positive thing during this period, giving me something to focus on that I believe in strongly.

I am sure that many of you have personal stories that resonate with my own. So, I encourage you to continue to engage in the work of the Federation to support the outcomes that we are all trying to achieve, *"a healthy world enabled by quality health information."*

I look forward to continuing to work with the new Board under Deneice's leadership to ensure a smooth transition and to continue to support the Federation in my time as Immediate Past President.

Thank you again for entrusting me with holding this important role for the Federation over the past 3 years.

Warmest regards

Vicki Bennett, CHIM, FAIDH, CHIA
IFHIMA President , 2022-2025
Unit Head at AIHW

IFHIMA Board Meeting

From 21-23 November 2025, the majority of the IFHIMA Board met in person in Toronto, Canada to progress the work of the Federation and to meet for a final time as a Board under my leadership. Unfortunately, our colleagues Ahmed Alhatlan (EMRO), Guillermo Paluzie (EURO) and Babale Garba Nafada (AFRO) could not join us in person, although some of them were able to join virtually for some of the time.

The agenda covered the usual topics related to membership, finance, marketing and reports from the Regional Directors, Pillar Working Groups and Communities of Practice. However, we were able to use this opportunity to also do a 'deeper dive' into several of our policy documents, including our Finance Policy.

We also discussed important matters such as cybersecurity, making decisions to limit the information on our website about individuals to reduce the risk of Phishing attacks which are becoming increasingly common. IFHIMA has also recently established a Microsoft 365 licence and Microsoft Teams environment, so we discussed the best ways to use this while also minimising costs. You will start to see the impact of this as meetings are scheduled for 2026 from this environment.

Sharon Baker, our WHO Family of International Classifications representative on the Education and Implementation Committee and the Morbidity Reference Group was also able to attend in person on the last day to give us an update of the work that is being progressed by these 2 important groups.

The meeting was also a good time to engage on a personal level and get to know each other better, which I'm sure will make our virtual meetings more engaging in the future.

I trust the next in-person Board meeting will be a great opportunity for the new Board to bond further in the same way.

Author:

Vicki Bennett, CHIM, FAIDH, CHIA
IFHIMA President, 2022-2025
Unit Head at AIHW

IFHIMA at AHIMA25

Left to Right: Lynette Czarkowski, Sallyanne Wissman, Lorraine Fernandes

IFHIMA held an information meeting of our members and other interested attendees at the AHIMA25 conference in Minneapolis, Minnesota on Monday October 14, 2025.

IFHIMA Board leaders, including Lorraine Fernandes and Lynette Czarkowski, shared Board, Communication and Marketing updates. Community of Practice (COP) and Pillar Group leaders, Patience Ebuwei (Education, Training and Research Pillar), Susan Fenton (Research COP) and Shannon Houser (Education COP) shared updates from their respective groups. Joanne Valerius shared an update from WHO Family of International Classification Functioning and Disabilities Reference Group. Group discussion addressed membership processes, volunteering, Focus on the Future 2026 webinar series and IFHIMA Congresses.

Special guests included Linda Kloss, former AHIMA CEO, and Thea Campbell, AHIMA President Elect.

Author:

Lorraine Fernandes
IFHIMA Immediate Past President, 2022-2025
Marketing and Communication Chair

Tribute to Excellence Award

Marci MacDonald, CHIM

IFHIMA is delighted to announce that Marci MacDonald, CHIM, is the IFHIMA 2025 recipient of the Tribute to Excellence Award. This award recognizes her continued and exemplary service to IFHIMA and our mission – *"a healthy world enabled by quality health information."*

Marci's service to IFHIMA began in 2007 when she joined the IFHIMA Board as the Canadian National Director and the Regional Director for the Americas. She has served IFHIMA through her role as an IFHIMA representative to the WHO Family of International Classifications. In 2013, Marci become President Elect and President from 2016-2019. These years started IFHIMA's membership growth trajectory which continues today.

During her term as President, Marci helped to deliver the 2019 IFHIMA Congress in Dubai, which she achieved through exemplary sensitivity to cultural differences, resulting in a successful IFHIMA Congress.

Following her Presidency, Marci has continued her commitment to IFHIMA as the Membership Chair, a role she continues today. Marci revamped the Membership Chair role, implementing new technology, defining new processes, and demonstrating an unwavering commitment to a timely and culturally sensitive membership service.

We honor Marci with this Tribute to Excellence for her exemplary service which is a shining light to current and future members.
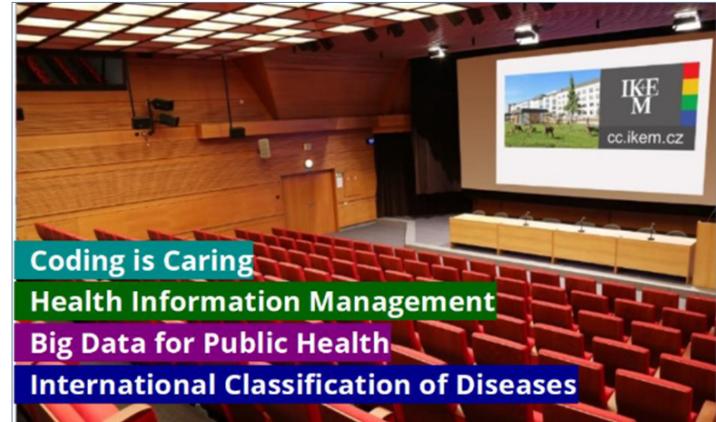

Klasifikon 2025

10th Conference on Clinical Classification and Terminology Systems and Their Use in Czech Healthcare

On September 23, the National Centre for Medical Nomenclatures and Classifications of the Czech Republic Institute of Health Information and Statistics facilitated Klasifikon 2025 at the IKEM Congress Centre in Prague. The event was held in collaboration with the Society for Social Medicine and Health Care Management, the Czech Medical Association JEP, the Czech Technical University in Prague, and the Czech Association of Health Information.

Dr. Miroslav Zvolsky presenting.
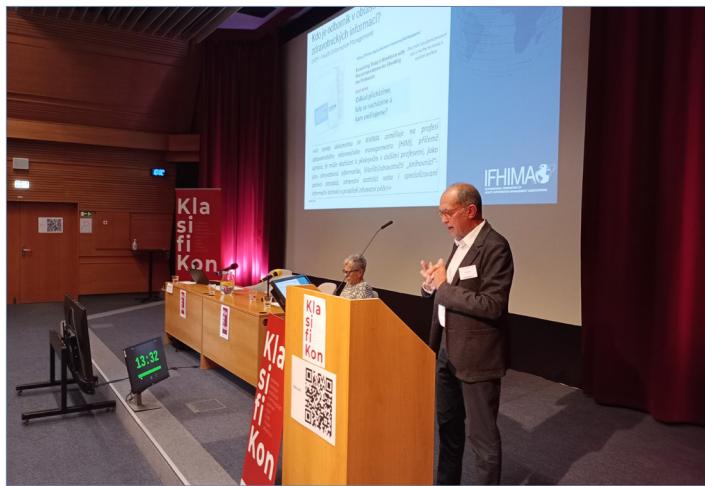
Dr. Guillermo Paluzie presenting.

The conference program addressed timely and relevant topics, including the use of artificial intelligence in clinical coding and health information processing, the European Health Data Space (EHDS), health data interoperability, as well as education and planning for ICD-11 implementation. Participants included clinical coders, analysts, clinicians, public health professionals, patient organizations, and healthcare policymakers from central institutions.

After the opening remarks by Dr. Miroslav Zvolský, who celebrated the achievement of the congress's tenth edition, Dr. Guillermo Paluzie presented his view of the current challenges in Health Information Management as a representative of IFHIMA.

Throughout the day, twenty presentations were delivered across four thematic sessions. The first session focused on health data interoperability—an essential step toward realizing the EHDS—, with examples such as the translation of SNOMED CT into Czech and the development of a national classification for laboratory data.

The second session addressed clinical data and tools designed to improve the identification of selected diseases, such as familial hypercholesterolemia, and to assist the assessment of patient frailty.

Dr. Eva Krpelanová, Medical Officer at the Classifications and Terminologies Unit of the World Health Organization (WHO), introduced the third main topic of the congress, dedicated to ICD-11, and provided an update on progress toward implementation of the new ICD version.

Finally, the last session explored the clinical utility of large administrative datasets, with case studies on endometriosis, stroke, and infectious diseases.

Author:

Guillermo Paluzie, MD, PhD
IFHIMA Regional Director, Europe

Miroslav Zvolsky MD
Head of the Czech WHO-FIC Collaborating Centre
National Center for Medical Nomenclatures and Classifications

AHIMA25:
Empower, Evolve, Impact

AHIMA25, the annual conference and exhibit of the American Health Information Management Association (AHIMA), was held 12-14 October 2025 in Minneapolis, Minnesota, USA. I was very excited to attend, as the last time I was able to attend this conference was in 2019.

The theme of the conference – Empower, Evolve, Impact – aptly set expectations for a diverse and leading-edge education program. I was particularly interested in learning more about how artificial intelligence (AI) is being integrated into health information management (HIM). By my count, there were 17 sessions that contained "AI" or "Artificial Intelligence" in their titles, thus, I had a lot to choose from.

In the United States, AI is driving substantial change to coding and billing processes across the spectrum of healthcare delivery, both on the provider and payer sides. Additionally, AI is being used to improve the completeness and accuracy of data used in quality reporting. Rather than portraying this technology as a threat to the HIM profession, and to coding specifically, over and over I heard speakers emphasise that AI has the potential to elevate and expand the profession, provided that HIM professionals take the reins and provide leadership around planning and implementation of the technology now.

In the exhibit hall, there were over 100 companies of all sizes and types offering a broad range of services, technology, and resources. The AHIMA program committee scheduled generous networking and refreshment breaks within the exhibit hall, which gave attendees ample time to visit exhibitors.

DeeDee Trotter, USA Track and Field Olympian in the 2004, 2008, and 2012 Olympics delivered the closing keynote for the conference. Left to right: June Bronnert, Chair of the IFHIMA Strategic Partnership Pillar workgroup, DeeDee Trotter, Lynette Czarkowski, National Director for AHIMA.

I was honored to co-host a somewhat informal IFHIMA get-together with Lorraine Fernandes, IFHIMA Immediate Past President, on Monday afternoon. In addition to sharing updates and information about IFHIMA, the session provided an opportunity for IFHIMA Community of Practice (COP) leaders and Pillar Workgroup leaders to speak about activities in their respective areas. About 25 IFHIMA members and friends were present at this session.

International HIM also figured prominently in the Career Enhancement track, where Sallyanne Wissman, CEO, Health Information Management Association of Australia presented a session entitled "Transforming the Health Information Management Profession". Sallyanne spoke before a full room and did a fantastic job.

All in all, AHIMA25 was a great opportunity to re-charge my HIM battery and look towards the future, which is full of possibilities for our profession!

Author:

Lynette Czarkowksi, MS, RHIA, FAHIMA
IFHIMA National Director for AHIMA, Regional Director of the Americas, and Treasurer


General Session stage at AHIMA25.

Report on the 51st Annual Meeting of Japan Society of Health Information Management

The 51st Annual Meeting of Japan Society of Health Information Management was held from 28-29 August 2025, at Omiya Sonic City in Saitama Prefecture. The theme of the conference was "The Professionalism Required— What is the Role of the Health Information Manager?" Approximately 1,700 participants attended from across Japan, along with attendees from South Korea. A total of 192 presentations, including oral and poster sessions, were delivered, while the student session featured 53 presentations, fostering lively discussions and active exchanges among participants.

Symposium 1, themed "Toward National Qualification — The Stance and Capabilities of Health Information Manager," focused on prospects for the national certification of Health Information Managers, with passionate debate on their future roles and responsibilities.

The second symposium, titled "Expectations and Challenges of ICD-11," featured a keynote lecture by Mr. Jun Nakatani, former Co-Chair of the WHO Family of International Classifications Informatics and Terminology Committee, on "The Fundamental Position of ICD-11 and Its Relationship with Information Technology and Perspectives on AI Applications."
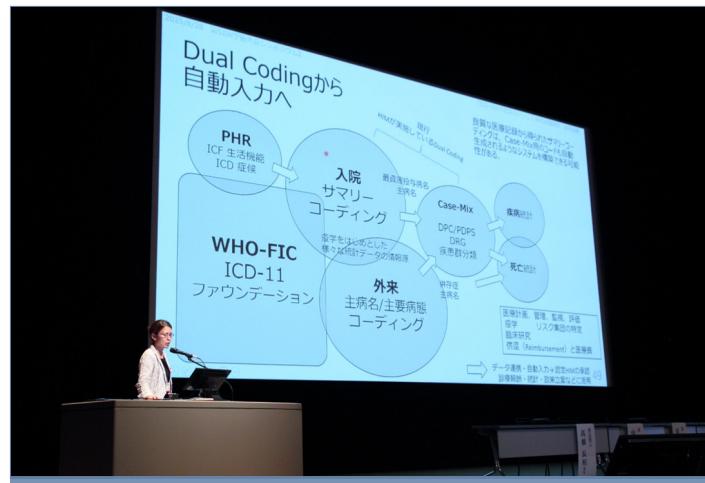
ICD-11 Symposium - Kaori Fujita

This was followed by presentations addressing "Medical Safety Perspectives" and "Coding of DPC Based on Survey Results." Through these discussions, participants gained a deeper understanding of the new developments enabled by the implementation of ICD-11 and the necessary steps toward realizing its potential.

Additional sessions included a special lecture titled "Death Certificates and Senility," a debate session on "ICF (International Classification of Functioning, Disability and Health) and FIM (Functional Independence Measure)," a hands-on seminar on statistical analysis, and a report on the current status of Health Information Managers. Each program provided valuable insights contributing to the advancement of professional expertise in the field.

This year also marked the 50th anniversary of the Japan Society of Health Information Management. A commemorative ceremony was held alongside the conference, where many participants celebrated this milestone, reflected on the society's history and renewed their commitment to further progress. The conference concluded on a high note with a strong sense of unity and anticipation for the future.

ICD-11 Symposium - Kaori Fujita

第51回日本診療情報管理学会学術大会 開催報告

第51回日本診療情報管理学会学術大会は、2025年8月28日から29日にかけて埼玉県の大宮ソニックシティで開催された。大会のテーマは「求められるプロフェッショナリズム―診療情報管理士の業務とは―」であり、全国から約1,700名が参加したほか、韓国からの参加もあった。一般演題およびポスター発表は合わせて192題、学生セッションでは53題の発表が行われ、活発な議論と交流が繰り広げられた。

シンポジウム1では、「国家資格化をめざして～診療情報管理士の構えと出来ること～」をテーマに、診療情報管理士の国家資格化を見据え、今後のあり方や役割について熱い議論が交わされた。

続くシンポジウム2は、「ICD-11の期待と課題」をテーマに開催された。前WHO-FIC ITC共同議長の中谷純氏による「ICD-11の基本的な位置づけと情報技術との関連性およびAIの応用に向けた視点」と題する講演に続き、「医療安全の視点」や「アンケート調査によるDPCのコーディングの視点」についての発表が行われた。これらの内容を通じて、ICD-11導入によって可能となる新たな展開や、その実現に向けて必要な取り組みへの理解が一層深まった。

そのほか、「死亡診断書と老衰」と題した特別セッション、「ICF（国際生活機能分類）とFIM（機能的自立度評価表）」に関するディベートセッション、統計解析のハンズオンセミナー、診療情報管理士現況調査報告など、多彩で充実したプログラムが実施された。いずれの企画も、診療情報管理士としての専門性向上に寄与する有意義な内容となった。

また、今回は日本診療情報管理学会が創立50周年を迎える記念すべき年でもあり、学術大会と併せて記念式典が開催された。多くの参加者が節目を祝い、診療情報管理士のこれまでの歩みを振り返るとともに、今後のさらなる発展を誓い合い、盛会のうちに大会の幕を閉じた。

Author:

Tokiko Inagaki
National Director
Japan Society of Health Information Management

Health Information Management Association of Australia Update

Within Australia, the Health Information Management Association of Australia (HIMAA) has had a busy time. With so many changes on the horizon HIMAA has had to keep up with changes to classifications, planning for to implementation of ICD-11 and increasing use of AI driven programs for clinical classification and other healthcare use. In addition to this, many health services are implementing fully electronic health records. We are at an unprecedented level of change in our industry as is also faced internationally. HIMAA have had a very productive couple of years led by the CEO, Sallyanne Wissman, and a competent board with President, Catherine Garvey, leading the way.

This has led to some new and invigorated ways of dealing with changes and putting HIMs on the map. The development of key position statements such as the Australian Clinical Coding AI Guidelines and the Health Information Management Profession Identity Statement have gone a long way to cementing acknowledgement of our profession in the Australian and International health industry. HIMAA have also led the way by holding workforce summits this year and reviewing competencies for HIM programs.

It is also great to know that internationally we are gaining attention and have had international visitors, with the Japan Society of Health Information Management representatives visiting recently.

Japan Society of HIM and HIMAA 2 Dec 2025Fujita

A successful conference was held by HIMAA this year with the theme being *"Health Information Management: Leading Innovation, Empowering Communities, Shaping the Future."* Approximately 400 delegates attended with international attendees also. There was a lot of discussion around the impact of AI, privacy, governance, clinical classification and so much more. A final very entertaining debate was also held with the topic of whether AI would be positive or negative for HIMs.

On a personal note, this will be my last time writing as the IFHIMA Western Pacific Representative. It has been my absolute joy to represent people in both Australia and the region. I am

handing over the baton to Cassandra Rupnik (IFHIMA Western Pacific/Australian Director) and Nicole Payne (IFHIMA Australian Deputy Director). I am sure that the region and Australia will be in good hands.

It was a privilege to attend my last face to face meeting with the IFHIMA Board in Toronto, Canada this year and although I am a little sad to be leaving IFHIMA, I know that I have been in the midst of many changes in a time of great growth. I will continue to be a part of IFHIMA and HIMAA through involvement on Communities of Practice and other initiatives. I am really looking forward to further 'Focus on the Future' series, that are accessible to all around the world.

Author:

Sharon Campbell, BSc.HIM, MHIM, CHIM
Senior lecturer and Course Coordinator, Bachelor of Health Information Management
Queensland University of Technology, Australia

Charting the Future of Health Information: Highlights from the 2025 Canadian Health Information Summit

Highlights from the Health Information Summit

Article contributed by: Cathy A. Eastwood, RN, PhD, CHIMA Board Member and Associate Director, Research & Strategic Partnerships at the Centre for Health Informatics in the Cumming School of Medicine at the University of Calgary.

The 2025 Health Information Summit, held in Toronto on October 2nd, brought together leaders, innovators, and changemakers to explore the future of health information in Canada. Hosted by the Canadian Health Information Management Association (CHIMA), the event provided a platform for dialogue on transforming healthcare through data-driven insights, artificial intelligence (AI), and collaboration.

Board member Cathy Eastwood attended the summit and shares key reflections from the day's presentations.

Enabling a Data-Driven Health System

Dr. Michael Caesar from the University Health Network (UHN) opened the summit with Charting the Course to Enable a Data-Driven Organization. He described how UHN's five hospitals are embedding analytics and data governance across all levels of decision-making. With initiatives to improve quality, safety, and

care equity, Dr Caesar emphasized that data literacy, cultural alignment, and strategic prioritization as essential to building a truly data-driven organization.

Artificial Intelligence: Promise, Pragmatism, and Ethics

Siuwin Wang explored the evolving role of AI in healthcare, highlighting where it can add value and where caution is required. While predictive and generative AI tools are reshaping clinical and administrative workflows, Wang emphasised that success depends on strong leadership, ethical frameworks, and multidisciplinary collaboration to ensure technology advances patient-centered care.

Interoperability and Connected Care

Abhi Kalra from Canada Health Infoway presented an update on Canada's two-year interoperability roadmap. His team focuses on connecting digital health assets nationwide and reducing clinician burden through tools such as AI scribes and automation. Kalra emphasized that to unlock AI's potential, Canada must establish strong data quality and trust among healthcare providers.

Automation in Coding and Documentation

Akeela Karmali of Solventum (formerly 3M Health Information Systems) and Isa Wong of Beamtree discussed the shift toward computer-assisted coding in Canadian hospitals. These tools improve accuracy, streamline documentation, and allow coders to focus on more complex, high-value cases, underscoring how AI can complement—not replace—health information professionals.

Across all sessions, a unifying theme emerged: Canada's health information ecosystem is entering a new era, where technological innovation is being paired with high-quality, timely information to support informed decision-making and human-centred care.

Thanks to all speakers, sponsors, and attendees who made this event possible and helped chart the course toward a more connected and healthier Canada.

Author:

Cathy A. Eastwood, RN, PhD
CHIMA Board Member
Associate Director, Research & Strategic Partnerships at the Centre for Health Informatics, Cumming School of Medicine, University of Calgary

2025 JHIM ICD-11 Training Sessions

The Japan Society of Health Information Management (JHIM) held in-person beginner and intermediate level ICD-11 training sessions at multiple locations across Japan in 2025.

The ICD-11 Beginner Training Sessions were held in the following locations:

- July 5: Sapporo City
- July 19: Kanazawa City
- October 18: Okayama City

ICD-11 Workshop Venue — Sapporo City, Kanazawa City, Okayama City, Tokyo

These sessions provided participants with an overview of ICD-11, including disease name coding and coding using summary problems. The primary learning objective for participants who were new to ICD-11 coding was to develop the ability to apply extension codes appropriately.

The Intermediate ICD-11 Training Session was held: October 4th in Tokyo

During the intermediate session, summary problem-based disease coding was conducted through group work. Participants selected appropriate external cause codes and drug names for diseases. Orthopedic case examples included scenarios that required judgment regarding whether fractures were intra-articular. The primary learning objective of this session was for participants to accurately code all available information for the summary cases.

The JHIM has published videos of the workshop proceedings on its website to support broader access to ICD-11 education and to assist healthcare professionals in further developing their ICD-11 coding knowledge.

The majority of participants reported understanding the content and were satisfied with the training sessions. However, many expressed a desire for ICD-11 coding tools to be made available in Japanese. While continuing and expanding such training sessions remains crucial, a key future challenge will be how to effectively educate Medical Information Management specialists who were unable to attend these sessions.

2025年度ICD-11研修会の開催報告

日本診療情報管理学会では、全国４会場でICD-11研修会の初級研修会と中級研修会を対面で開催いたしました。

ICD-11初級研修会の開催地は下記のとおりです。

・７月５日　札幌市

・７月19日　金沢市

・10月18日　岡山市

ICD-11総論の解説と、傷病名に対するコーディング、サマリー問題による傷病名のコーディングを行った。ICD-11のコーディングが初めての人を対象にエクステンションコードを付けられることを達成目標としました。

ICD-11中級研修会の開催地は下記のとおりです。

・10月４日　東京都

サマリー問題による傷病名のコーディングをグループワークにて行いました。傷病名には外因のコード、薬品名も選択し、整形外科領域においては、関節内骨折となるかの判断が必要な症

例としました。サマリーからコーディングできる情報をすべて正確にコーディングできることを達成目標としました。

日本診療情報管理学会では、多くの医療者にICD-11とICD-11のコーディングを理解してもらえるよう、当学会ホームページに研修会の模様の動画を掲載しています。
(https://sites.google.com/view/20240305/home)

参加者からは、理解できた、研修を受けて満足したという意見が大多数ありました。一方、日本語でのコーディングツールを希望するが多くありました。このような研修会を進め広げていくことは重要であり、研修会に参加できていない診療情報管理士に、ICD-11をどのように啓発していくかが今後の課題と考えています。

Author:

Tokiko Inagaki
National Director
Japan Society of Health Information Management

Launch of IFHIMA's Digital Health Community of Practice

As digital transformation reshapes healthcare globally, IFHIMA is proud to launch its Digital Health Community of Practice (CoP), a collaborative forum bringing together health information professionals from across the world to share, collaborate and learn. The IFHIMA Board envisions the CoP as a platform that empowers members to contribute to the next era of data-driven, patient centred care.

Membership representation spans all six IFHIMA regions, reflecting the diversity and breadth of expertise within our global community. The CoP's multi-regional leadership team comprises Ms Cecilia Akinjide (United Kingdom), Mr Willy Chan (Australia) and Dr Julia Rehman (United Arab Emirates), each bringing extensive experience in digital transformation, information management and information system implementation.

The first CoP meeting was held on 4 November (UTC) and was attended by a strong group of digital health enthusiasts, including IFHIMA President Vicki Bennett. To ensure inclusivity and engagement across time zones, future meetings will alternate between two scheduled times, enabling participation from members in different regions.

Calendar of Events

SEPTEMBER 17 - 18 2026
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)

OCTOBER 04 - 06 2026
AHIMA26
San Antonio, Texas, USA

OCTOBER 26 - 28 2026
2026 National Health Information Management Conference
Connect and Collaborate – Transforming Data into Better Care
At Hilton, Sydney
Call for Abstracts is due out by the end of January, we invite abstracts from international presenters
 Information will be available at www.himaa.org.au in the coming months.

SEPTEMBER 16 - 17 2027
53rd Japan Society of Health Information Management Academic Conference
ACT CITY (111-1 Itayacho, Chuo-ku, Hamamatsu, Shizuoka Prefecture)
Language: Japanese
JHIM (Japan Society of Health Information Management)

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

The Digital Health CoP provides a platform for knowledge exchange, peer collaboration and professional growth. Members will explore emerging topics such as artificial intelligence, data governance, interoperability and electronic health records with opportunities to present projects, share case studies and exchange best practices in digital health innovation.

The CoP aims to:

- Strengthen policy and advocacy by promoting the role of health information professionals in global digital health transformation.
- Support education and capacity building through knowledge exchange, case sharing and learnings.
- Encourage research collaboration across regions to inform evidence based digital health practices.
- Advance IFHIMA's global leadership by contributing expertise to WHO and other international initiatives on digital health governance and standards.

Importantly, the establishment of the Digital Health CoP demonstrates IFHIMA's leadership to extend its recognised expertise beyond clinical classification to the WHO and other international partners. It demonstrates that our members possess deep and wide-ranging expertise in digital health, reinforcing the profession's key role in global digital transformation.

The CoP will continue to evolve in response to the needs of its members, contributing to IFHIMA's mission of advancing health information management worldwide. It welcomes IFHIMA members from all regions to contribute ideas, participate in working groups and co-create resources that will shape the future of digital health globally.

Author:

Willy Chan
Community of Practice Leader
IFHIMA Digital Health Community of Practice

ICD-11 Implementation in Malaysia

Malaysia is making significant progress in its transition to the International Classification of Diseases, Eleventh Revision (ICD-11), demonstrating a model of structured planning and collaborative effort. The journey began in 2019 with the formation of the *Jawatankuasa Implementasi ICD-11 & ICHI*, a national taskforce endorsed by the *Jawatankuasa Kebangsaan Informatik Kesihatan*, the highest committee level, to ensure strong leadership and support from the outset.

The national strategy has been guided by key priority areas adapted from the World Health Organization (WHO) ICD-11 Implementation or Transition Guide. A significant focus has been on Priority Area 2: Capacity Building. A tailored training programme for clinical coders has been rolled out across all hospital Medical Records Departments. This computer-based training, utilising the Moodle PIK (e-learning) platform, equips coders with the necessary skills for ICD-11 coding. The initiative goes beyond simple instruction, as its impact is being formally evaluated. In addition, a partnership with Universiti Kebangsaan Malaysia (UKM) has been ongoing since 2022 to develop a formal coder certification program, ensuring the sustainability of a skilled ICD-11 workforce.

Simultaneously, under Priority Area 3: Information Technology Infrastructure, the focus is on ensuring a seamless transition in technology. All medical records departments are equipped with the necessary hardware, and ICD-11 implementation within the national Health Management Information System, the Health Data Warehouse, Casemix, and the Electronic Medical Record (EMR) system were the key priorities. The strategy involved carefully embedding ICD-11 to fit existing legacy systems, leveraging current integration setups to ensure interoperability without requiring a complete system overhaul.

Further foundational work is progressing under Priority Area 4: Ensure Comparability and Quality of Data. The team has prioritised improving the existing mapping tables between ICD-10 and ICD-11, while ongoing studies are analysing the impact of the transition on data continuity and quality. This work is vital for understanding the implications of the code changes on historical data trends, with continuous monitoring to guide a smooth and analytically sound transition.

Crucially, governance and stakeholder engagement (Priority Area 5) are managed through existing committee structures, ensuring inclusive decision-making. This engagement extends beyond the public sector to include universities, with a dedicated focus on raising awareness within the private healthcare community. Malaysia's multi-faceted and collaborative approach provides a strong foundation for a successful national transition to ICD-11. We would like to thank the Director General of Health Malaysia for the permission to publish this article.

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IFHIMA Introduces New Toolkit for Advancing the Value of the HIM Profession

IFHIMA is delighted to share our latest work showcasing the value of the HIM Profession, "Unlocking the Power of Health Information: How HIM Professionals Strengthen Healthcare Policy, Planning, and Performance." This toolkit was designed based upon member requests to aid their conversations in:

- Illustrating the value of HIM
- Underscoring the need for accurate and current labor codes which impact compensation and recognition
- Highlighting the need for investment in education and ongoing training.

The components of the toolkit are a paper including global examples, a one-page marketing slick, a short PowerPoint and two infographics. Additionally, IFHIMA will be releasing social media posts over the next three months illustrating key points and artifacts. All content can be found here https://ifhima.org/global-value-of-him/

The toolkit is designed to aid our members to communicate with their members, governments, vendors, consultants, employers, and educators. Please take advantage of the investment IFHIMA has made in YOUR future.

IFHIMA thanks the members of the Education, Training and Research (ETR) Pillar, and other contributors, for their foundational work which underpins the final work products. ETR Leader ,Patience Ebuwei (USA), and contributing members, Alice Noblin (USA), Veronica Miller Richards (Jamaica), Tokiko Inagakii (Japan), Margaret Biscette (St Lucia) , Mujeeb Kandy (India), Hosna Salmani (Iran) , Lynette Czarkowski (USA), Guillermo Paluzie (Spain), Mercy Kahare, (Kenya), Sharon Campbell (Australia), and Deneice Marshall Springer (Barbados).

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Strengthening Health Information in Nauru: ICD-11 and HIM Progress

Through the encouragement of the Pacific Health Information Network (PHIN) and its work with the Pacific Island Countries and Territories (PICTs), Nauru and the Republic of the Marshall Islands (RMI) are making important progress in health information management (HIM), particularly through the adoption of ICD-11 and new national HIM initiatives. As small island nations, both Nauru and RMI face unique challenges, but recent efforts are helping build stronger and more accurate health data systems.

In 2022, PHIN began supporting the transition from ICD-10 to ICD-11 in PICTs. This upgrade aligns Nauru with global standards for classification of diseases and health conditions. It improves clinical documentation, supports better decision-making in health policy, and allows for easier comparison of data with other countries. To support this transition, PHIN organized training workshops for health professionals, focusing on digital tools and accurate clinical coding. The use of ICD-11 is expected to improve disease surveillance, improve resource planning, and strengthen patient care nationwide.

Alongside the implementation of ICD-11, PHIN has also launched several HIM projects to modernize PICTs health data systems. These include the digitization of patient records, the development of a centralized national health information system, and the delivery of training programs to strengthen the skills of HIM professionals. Support from regional partners and international organizations has played a key role in moving these projects forward.

Even with limited resources, Nauru or other PICTs can be committed to creating a strong and reliable health information system. The adoption of ICD-11 and the growth of HIM practices show the country's dedication to using data to improve healthcare and connect with global health efforts.

PHIN looks forward to continued collaboration with IFHIMA and the international HIM community as we work together to achieve better health outcomes through smarter information management.

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PHIN Board-President

IFHIMA seeks Associate Editors for Global News

IFHIMA volunteers have a great opportunity to work with global colleagues in helping advance our mission, "A healthy world enabled by quality health information." The Editorial Team of IFHIMA Global News is key to mission fulfillment. This unique opportunity enables individuals to apply writing and editing skills, collaborate with global colleagues, and work with the IFHIMA Board.

IFHIMA is revamping Global News, so the initial remit will include designing the new approach for sharing global news. This commitment is five to eight (5-8) hours per month under the direction of the Global News Editor, Dr. Patience Ebuwei from USA and Lorraine Fernandes, IFHIMA Marketing and Communication Chair. Excellent English writing and communication skills required. Please send your CV and an introductory email no later than February 10 to marketing@ifhima.org for consideration. The IFHIMA Board anticipates appointing the new associate editors for a two-three year term in late February/early March.

Application of Knowledge Management (KM) Principles in Health Information Management (HIM) Practice

Knowledge is one of the most powerful assets in any health system. For Health Information Management (HIM) professionals, effectively capturing, organising, and sharing knowledge strengthens decision-making and supports better patient outcomes. In Nigeria – as in many countries – the use of Knowledge Management (KM) principles is becoming increasingly important as the healthcare environment grows more complex.

KM ensures that essential information, from clinical guidelines to patient histories, reaches the right people at the right time. When managed well, it enhances service quality and supports rapid responses to challenges such as disease outbreaks. Yet across many facilities, valuable knowledge remains siloed in paper records, fragmented systems, or held informally by staff.

Why KM Matters in HIM Practice

Viewing organisational knowledge as a strategic resource can significantly transform HIM practice. Reliable electronic health records, standardised data formats, and well-designed Health Information Exchanges (HIEs) help reduce duplication and enable more coordinated care. Just as importantly, fostering an environment where knowledge is shared openly supports collaboration and continuous improvement.

While technology is a key enabler, success ultimately depends on people and processes. In Nigeria, the adoption of Hospital Information Management Systems shows progress, but many implementations face hurdles when training or workflow redesign is insufficient.

Challenges to Implementation

Several barriers continue to hinder wider KM adoption. These include limited infrastructure, inconsistent data quality, funding constraints, and shortages of trained HIM professionals. The evolving data governance landscape also presents challenges, requiring practitioners to remain agile and informed.

Looking Ahead

As Nigeria works toward its health-related Sustainable Development Goals, HIM professionals have an opportunity to step into more strategic roles. Applying KM principles can strengthen leadership, improve service delivery, and contribute to better health outcomes.

Collaboration between practitioners, policymakers, educators, and technology partners will be essential. Continued investment in training, digital systems, and supportive organisational cultures will help embed KM as a core component of healthcare practice.

Original Article

This article is adapted from the authors' peer-reviewed journal paper. Readers who wish to explore the full academic version, including references, can access it here:

Opele and Okunoye (2019) - KM prtices of HIMP (https://www.academia.edu/43050917/Opele_and_Okunoye_2019_KM_prtices_of_HIMP)

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The Role of HI in the Tanzania Healthcare System

Health information practice plays a central role in strengthening Tanzania's healthcare system. It involves the collection, management, and analysis of health-related data to support planning, decision-making, and delivery of quality healthcare services. As the country continues to expand its healthcare coverage, reliable information has become essential for identifying disease trends, allocating resources, and improving patient outcomes.

Tanzania's Health Management Information System (HMIS) is the backbone of data collection in hospitals, clinics, and community health centers. Through digital tools like DHIS2, health facilities can submit reports on maternal health, infectious diseases, immunizations, and other key indicators. This shift from paper-based to digital reporting has significantly improved both accuracy and timeliness of health information.

Despite this progress, several challenges remain. Many rural areas continue to face shortages of trained personnel, limited internet connectivity, and inconsistent reporting practices. These issues can lead to data gaps that affect planning and resource distribution. Ongoing investments in workforce training, digital infrastructure, and supervision are essential to ensure data quality.

Overall, strong health information practice is helping Tanzania move toward better public health monitoring, evidence-based policy, and more efficient healthcare delivery. As technology continues to grow, the country is well-positioned to strengthen its health information systems and improve care for its population.

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From Coding to Clinical Intelligence: How to Transform Data into Useful Healthcare Knowledge

For decades, healthcare systems have generated enormous volumes of information: clinical notes, diagnostic codes, laboratory results, imaging reports, prescriptions, and much more. Yet for much of this time, the sector has struggled to transform this data into something truly valuable: clinical intelligence capable of improving care, supporting decision-making, and ultimately driving better health outcomes. Today, in a context of accelerated digitalization and growing adoption of artificial intelligence (AI), the question is no longer whether we can collect data, but whether we are able to transform it into useful knowledge.

The first step in this transformation is ensuring data quality. No analytical system or AI model can compensate for incomplete, inconsistent, or poorly structured information. Terminology standardization, system interoperability, and rigorous validation processes are essential. When data enters the system uniformly and reliably, it can flow throughout the entire healthcare ecosystem and provide value to clinicians, managers, researchers, and policymakers alike.

Once this foundation is established, the true power of clinical intelligence emerges through integration. Healthcare information

is often fragmented: primary care, hospitals, laboratories, pharmacies, and even wearable devices operate in parallel. Integrating these sources allows for a holistic view of the patient and the detection of patterns that would be invisible in isolated systems. This integration opens the door to predictive models, personalized medicine, and more precise clinical analyses.

The real leap comes when advanced analytics and AI turn this integrated data into actionable information. Machine learning can identify early signs of deterioration, suggest more accurate diagnoses, or recommend treatment plans based on thousands of similar cases. Natural language processing can structure the information contained in clinical notes, freeing up clinicians' time and enriching datasets with valuable nuance. These technologies do not replace clinical judgment; they amplify it, acting as copilots in decision-making.

However, technology alone is not enough. Transforming data into useful knowledge requires a cultural shift. Professionals must trust and understand the tools. Organizations must promote data literacy and multidisciplinary collaboration. Systems must be designed around real clinical needs, not abstract technological capabilities. When AI is implemented ethically, transparently, and with a patient-centered focus, it strengthens—not weakens— the clinician-patient relationship.

Finally, clinical intelligence has an impact that goes beyond individual patient care. It can guide healthcare planning, anticipate population trends, and help prevent crises. By moving

from retrospective reports to real-time intelligence, healthcare systems can evolve from reactive to proactive.

The path from coding to clinical intelligence is not simple, but it is essential. The future of healthcare will depend not only on how much data we collect, but on our ability to turn it into knowledge that truly matters.

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Operational AI Governance

Turning the page on static practices to keep your facility moving forward with effective AI adoptions.

After a year of conversations and workshops with potential clients, one thing is painfully clear: there is a wide gap between the aspiration for artificial intelligence (AI) in healthcare and the operational governance needed to use it responsibly. Adoption and understanding lag, even as expectations soar.

The good news is that when governance is made operational and embedded in daily workflows, it does not slow teams down; it accelerates delivery of the value that AI vendors promise.

Focus on the Future of HIM

IFHIMA
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HEALTH INFORMATION MANAGEMENT ASSOCIATIONS

A FOUR-PART VIRTUAL SERIES - 2026

APRIL 15
Digital Health in Action:
Standards, Innovation,
and Practice

APRIL 29
AI in Healthcare:
Navigating the Risks
and Opportunities

MAY 13
Foundational Elements for
Healthcare Innovation:
Coding, Classifications and
Terminologies

MAY 27
Innovative Leadership and
Workforce Development:
Essential for Next Generation
Healthcare

Effective AI governance is inherently operational. By embedding controls across workflows, policies, and training, organisations produce compliant, secure, and reliable models while maintaining implementation velocity. In other words, the safest route becomes the fastest route when controls are part of everyday work.

Regulation is tightening across privacy and sector-specific rules, and third-party as well as model risks continue to multiply. Without governance to guide, monitor, and refine AI use, an organisation's investment is like a high-end sports car left in the garage: impressive to own but going nowhere. It may look good on paper, yet without fuel, maintenance, and a driver who knows the road, it delivers no real value. Governance supplies the route, the dashboard, and the pit crew.

The shift now underway is from static, document-based policies to runtime controls and real-time, auditable processes. Operational governance is not one-size-fits-all. Lifecycle controls for data, training, validation, deployment, and monitoring must fit each organisation's context. What should not vary are the outcomes: legality, safety, resilience, and traceability, all supported by evidence and ready for inspection at any time.

A practical structure rests on seven pillars.

1. First, data and privacy: establish lineage, consent, retention, and minimisation, and treat prompts and logs as potential sources of personal data.
2. Second, risk management: classify use cases by risk, run pre-deployment assessments, and test for bias and robustness.
3. Third, security and access: protect secrets, isolate environments, and enforce least privilege with tamper-evident logging.
4. Fourth, human-in-the-loop oversight: assign accountable owners across product, risk, legal, security, and data science, and add approval gates where risk is highest.
5. Fifth, monitoring and incident response: track drift, bias, and performance indicators, set thresholds, and rehearse rollback playbooks.
6. Sixth, vendor controls: require clear data-use terms, transparency on sub-processors, deletion rights, and an exit plan.
7. Seventh, documentation and accountability: maintain model cards, impact assessments, and change logs, and keep evidence one click away.

Tooling makes these pillars real. Translate policy into code through guardrails, content filters, and checks in continuous integration and continuous deployment pipelines. Maintain a central registry for datasets, models, and prompts. Provide a live dashboard that shows risk and compliance status down to the asset level, so leaders and auditors can see the same truth.

Getting started does not require 'boiling the ocean'. Begin with an inventory of AI systems and classify use cases by risk. Create a light approval workflow and a minimal registry to track assets, owners, and evidence. Choose two or three control exemplars, such as standardised logging, bias tests, and staged rollout gates, and integrate them with one product team. Measure cycle time and iterate.

Governance is not a speed bump; it is a facility's accelerator. Start small, automate ruthlessly, and make compliance the default path to production. When controls are embedded, auditable, and visible from the beginning, adoption and utilisation move faster and remain safer, and the promise of AI becomes practical performance rather than a slide in a deck.

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Call for Articles!

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. Submissions that include images, charts, or graphics are especially encouraged—they help bring your stories to life.

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.

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

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

As we present the January 2026 issue of IFHIMA Global News, we do so with a mixture of pride, gratitude, and reflection. This edition marks not only the close of another year for our global HIM community, but also our final issue as the IFHIMA Global News Editorial Team as it has been known over the past several years.

Since being given the opportunity to take on this role in early 2022, we have greatly valued the privilege of shaping and curating this newsletter. One of the most rewarding aspects of this work has been the opportunity to connect with authors from across the world - health information professionals generously sharing their experiences, challenges, and innovations from diverse healthcare systems and cultural contexts.

Serving as editors has also offered a unique vantage point on the evolution of the profession globally. Through the articles shared in these pages, we have seen first-hand the rapid progress of ICD-11 implementation, the expanding role of artificial intelligence, and the growing recognition of health information managers as leaders in governance, quality, and digital transformation. It has been both inspiring and reassuring to witness how consistently HIM professionals around the world rise to meet emerging challenges with expertise, adaptability, and purpose.

We extend our sincere thanks to every author, reviewer, and reader who has contributed to making IFHIMA Global News a truly international platform for shared learning and professional exchange. As we step aside, we are pleased to hand over to Patience Ebuwei, and we wish her every success in the role. We hope she enjoys this opportunity as much as we have and finds it as professionally rewarding.

Thank you to IFHIMA and to the global HIM community for the trust, support, and engagement over the past few years. It has been a genuine privilege.

Warm regards,
Breanna Harnetty
On behalf of the IFHIMA Global News Editorial Team

IFHIMA Editorial Team

Georgia Savvopoulos, BICT (HIM)

Breanna Harnetty, BHlthSc (MedClass), BHlthInfoMgt

The IFHIMA Global News Editorial Team comprises two dedicated Health Information Managers committed to advancing the profession and exploring its evolving opportunities. Breanna Harnetty, BHlthSc (MedClass), BHlthInfoMgt, and Georgia Savvopoulos, BICT (HIM), both from the Australian Institute of Health and Welfare (AIHW), are passionate about fostering global collaboration and sharing insights from health information practices worldwide.

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) 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.

PS: If you do not wish to receive further IFHIMA/IFHIMA messages or editions of Global News please let us know and we will remove you from the mailing list (editor@ifhima.org)