Report on the 18th World Congress of the International Federation of Health Information Management Associations, Tokyo, Japan, 12-14 October 2016

Cassandra Jordan

The 18th International Federation of Health Information Management Associations (IFHIMA) Congress was held in Tokyo, Japan, from Wednesday 12 October to Friday 14 October 2016. The Congress was attended by approximately 240 registrants, including 30 Australians, representing 47 countries. Speakers presented on topics of contemporary significance within the international scope of health information management.

The Congress was hosted by the Japan Hospital Association in conjunction with the Japan Society of Health Information Management. During the Congress, the International Classification of Diseases, Eleventh Revision for Mortality and Morbidity Statistics (ICD-11 MMS) Conference and the World Health Organization (WHO) Family of International Classifications Meeting were held in other lecture rooms of the forum. A number of Australian representatives featured at both of these professional events.

I flew to Tokyo on 10 October to attend the morning of the Education Day on the Tuesday, and the General Assembly on that afternoon. The Education Day was a forum in which delegates from eight countries presented on the health information management higher education programs in their respective countries.

Viewing the General Assembly in progress was one of the highlights of the tour for me. Each of the 23 Member Nations had seat allocations around the table and the majority of seats were occupied.

On the morning of Wednesday 12 October, approximately 1,250 people relaxed in the plush lecture hall to watch a spectacular cultural Opening Ceremony and the formal Official Opening by the Director-General of the WHO, Dr Margaret Chan. Dr Chan emphasised the significant contemporary need for quality clinical coding to validate morbidity and mortality statistics, and the function of data analytics in furthering the work of establishing funded projects in developing countries. Australia was recognised as a leader in the continuing development of the International Classification of Diseases texts for clinical coding. This continuing development is performed by the Australian Government and managed at the National Centre for Classification in Health at the University of Sydney as authorised by the WHO and the Australian Government agency, the Independent Hospital Pricing Authority.

On 13 and 14 October, after navigating the presentations on the program of parallel sessions, I travelled between lecture rooms in the vast forum. The various presentations exposed common international threads such as the need for Health Information Managers (HIMs) in data analytic roles; the popularity of activity-based funding; the need for more higher education programs to produce graduates to fill the workforce vacancies; the acceptance by health departments of the value of coded data produced by qualified HIMs and Clinical Coders; the rapid rise in utilisation of technology in hospitals and health entities for storage and transmission of health information; the need for HIMs to play key roles in information governance; the increase in the number of HIMs involved in full or part-time research; the challenges facing HIMs in rural environments (Cassandra Rupnik from Australia presented on this important challenge); and the debate around payments based on clinical outcomes.

Together with my Canadian colleague, Dr Kelly Abrams, Vice-President of the Canadian College of Health Information Managers and Director of the Canadian Centre for Health Information Research, I had the opportunity to present the progress of the Australian Health Information Management Research Network (Ahimnet) project, in collaboration with the Australian eHealth Research Centre (Auehr). Ahimnet is developing an application to support the health information management workforce in Australia. It provides a source of information on where to find relevant projects, and enables interested health professionals to collaborate to improve the health of Australians.

viewing the general assembly in progress was one of the highlights of the tour for me. each of the 23 member nations had seat allocations around the table and the majority of seats were occupied.
Management (CCHIM), I presented a paper on the process to develop a Reciprocal Agreement between Health Information Management Association of Australia (HIMAA) and the Canadian Health Information Management Association (CHIMA). This agreement was the result of mapping the CHIMA competencies and the HIMAA HIM Entry-Level Competency Standards. The Reciprocal Agreement was signed by the CHIMA and HIMAA presidents in Tokyo. CCHIM is responsible for the management of the HIM accreditation examination in Canada. This examination facilitates Australian graduate HIMs to register and work in HIM positions in Canada.

I believe the IFHIMA Congress was one of the most rewarding professional events of my career. The first congress I attended was in 1980 in The Hague, The Netherlands. The 18th IFHIMA Congress was the second congress I had attended. These congresses provide the opportunity to participate in a learning experience with colleagues from around the globe and debate issues common to our countries. It is an opportunity to meet up with old and new colleagues and enjoy oneself in a new culture. The 19th IFHIMA Congress will be held in Dubai and hosted by the Saudi Health Information Management Association.

To conclude, my message to readers is simple: See you in Dubai!

Cassandra Jordan, BAppSc (HIM), AssocDip(MRA), Cert(PersonnelAdm), FHIMAA
Health Information Manager
Wolper Jewish Hospital
Woollahra NSW 2025
email: cassandrajordan@wolper.com.au