International Health Evaluation and Promotion Association (IHEPA) – celebrating 30 years of international collaboration

Vicki L. SHAMBAUGH

Vice President, IHEPA and Director, Research and Development, Pacific Health Research and Education Institute

We are pleased to have Harold “Hal” Timken with us and able to speak to the founding of IHEPA formerly International Health Evaluation Association (IHEA). Hal and Barney Oldfield really got things underway back in 1970. The following comes from a talk Barney gave at the IHEA 1988 meeting in Kona Hawaii, USA. In the late 1960’s, Barney was working with a small company called Science and Engineering, Inc. located in Boston. The company started as a nonprofit changing into a for-profit with a combination of physicists, physicians, engineers and supporting technicians. At about the same time, Dr. Morris Collen of Kaiser was announcing the dramatic results of Kaiser’s multiphasic health screening program. The U.S. Public Health Service (USPHS) spurred on by the findings, established 4 large multiphasic centers in Milwaukee, Brooklyn, Baton Rouge and Providence for the purpose of demonstrating the new technique and developing long term statistics on medical effectiveness and cost effectiveness. In 1969, the U.S. Congress was developing legislation to make multiphasic health screening an integral part of Medicare and the USPHS sent out a request for bids for a large, highly automated center to be located on Staten Island. A major new medical industry was born.

Barney’s company was also excited about Multiphasic Health Testing. They developed a prototype online, real-time system for multiphasic health testing for Massachusetts General Hospital. Following that demonstration, G. D. Searle and Co. took on Science and Engineering, Inc. as a subsidiary and made it into a business enterprise. Medidata was formed. In the U.S., Medidata’s customers were hospitals, group practices, and medical entrepreneur groups – the latter being mostly pathologists who saw automated multiphasic health testing centers (AMHT) to be extensions of their profitable automated clinical laboratories. Systems were installed throughout the world in such sites as London, Mexico City, Melbourne, Berlin, Rome, Athens, Singapore, Tokyo, Tel Aviv, etc.

The movement lacked the support of several organized groups including medical associations, medical insurance companies and individual physicians. Some felt the AMHT was intruding into the patient-physician relationship. The cost effective process of delivering health care as set forth in the “Garfield Model” had its challenges. The thought was physician education would surely overcome resistance to the system.

The first “Users’ meeting took place in late 1970 in Washington, D.C., hosted by Dr. Cesar Caceres, developer of the first computerized ECG diagnosis system, and then the Director of the Clinical Medicine Department of George Washington University’s Medical Center. This meeting included a series of debates concerning the value of AMHT, both in a financial and a medical sense. This meeting ended with the commitment to create the International Health Evaluation Association as a non-profit organization open to all users and producers of the multiphasic health testing system. In February, 1971 the first meeting of IHEA was held in Honolulu hosted by Dr. Fred Gilbert of the Straub Clinic and Pacific Health Research Institute. Fred was the inventor of the “carrel concept” of health testing which made AMHT practical for normal size medical practices. He was elected the first President of IHEA.

IHEA grew very fast during the next couple of years with the support of G. D. Searle. As Barney noted, to Searle’s credit, while they provided financial support they took a hands-off position in terms of IHEA activities. At the 1972 symposium in Chicago, over 300 participants attended as well as numerous exhibitors. The future of AMHT seemed bright.

In 1973, the IHEA symposium in London saw a shift in the landscape. In the U.S., the President had decided to concentrate on cancer, reducing support for preventative medicine programs. University based R&D programs supporting
AMHT were phased out. The Staten Island Center funding was withdrawn. Grant funding for the Massachusetts General Hospital Center was eliminated. The USPHS demonstration and research centers were phased out entirely. Legislation for Medicare reimbursement was withdrawn. The very means established by the U.S. government to prove or disprove the economic and medical value of organized, high volume, automated health evaluation were being destroyed before they had the opportunity to perform their important missions.

It was during this time that Japan continued to expand its use of multiphasic techniques as an integral part of the health care delivery process. Dr. Shigeaki Hinohara and others had visited with Dr. Colleen at Kaiser and Dr. Gilbert at Straub and were carrying forward the AMHT system in health care in Japan.

At the London meeting, the leaders of IHEA decided to adopt a decentralized organizational structure to recognize and facilitate the international membership in IHEA. A central office in the U.S. would remain to help coordinate the overall operations and meet ongoing U.S. requirements associated with the incorporation of the association in the U.S. Three regions were formed. Region I consisting of the U.S. (minus Hawaii), Canada and Latin America, Region II - Europe, Africa and the Middle East, and Region III - Asia and the Pacific including Hawaii. Regions could then deal with local issues while still operating under the bylaws of IHEA. The collaboration with the Japan Society of AMHTS was also formed at this meeting.

IHEA moved from automated health testing toward the broader concepts of clinical preventive medicine and wellness. Members reported considerable debate and spirited exchanges but agreed it made the organization stronger and I imagine more enjoyable.

The 1974 symposium in San Francisco was hosted by Dr. Morris Colleen of Kaiser Health Plan. Dr. Sydney Garfield presented a paper on “A New Ambulatory Health Care Delivery Model”, providing the rationale behind Kaiser’s AMHT program. At the same meeting Dr. Toshio Yasaka presented the “Current Status of Health Evaluation in Japan”. Attendees applauded Japan’s leadership in applying the “Garfield Model” to their health care delivery system.

In 1980 the symposium was held in Tokyo in conjunction with the 1980 MEDINFO Congress. Joint meetings were held with the Japan Society of AMHTS and arrangements were made for joint programs. At the 1984 meeting, Dr. Colleen recommended a formal liaison between the IHEA and AAMSI, a move that was subsequently implemented. The next two IHEA symposiums were held in Washington, D.C. in conjunction with MEDINFO in 1986 and AAMSI in 1987. The 1988 symposium in Kailua-Kona, Hawaii was the first meeting with sessions aimed especially at health care workers such as dieticians, nurses, health educators, computer operators, laboratory technicians, x-ray technicians, etc. A large group from Japan attended and simultaneous translation was provided. These sessions have continued in IHEPA.

Regional meetings as well as the international symposium were held, newsletters were produced and distributed to the membership and joint meetings with other associations such as AAMSI and MEDINFO were conducted. Collaborations and strong friendships were formed between members from across the globe. Active members included Paul Hall from Sweden Karolinska Institute, Morris Colleen from Kaiser Permanente, Oakland, California, U.S.; Vincent Felitti from Kaiser Permanente San Diego, California, U.S.; Christian Kaiser, Adecta, Stockholm, Sweden; Shigeaki Hinohara, Life Planning Center, Tokyo, Japan; Gordon Black the inventor of the smart card from Ohio State University, U.S.; Fred Gilbert from Pacific Health Research Institute and Straub Clinic in Honolulu, Hawaii, U.S.; Ben Williams from the Lifespan Research Institute, Urbana, Illinois, U.S.; Gideon Leshem from MOR Institute of Medical Data, Israel; Toshio Yasaka of PL Medical Data Center, Osaka, Japan; P. Last, BUPA Medical Centre, London, England; Barney Oldfield, Medidata, U.S.; Ryosei Kashida, Kanto Central Hospital of the Mutual Aid Association of Public School Teachers, Japan; Shigeo Hinohara, Tokai University Hospital, Tokyo, Japan.

Joining IHEA and actively participating in latter years were Marianne Floor, Medistar Systems, LLC, Potomac, Maryland, U.S.; Tony Levy, Nuffield Hospitals – Health Screening, London, England; Toshio Kushiro, Tokai University, Tokyo, Japan; Pei-Kun Sung, MJ Health Screening Centers, Taipei, Taiwan; Jochen Moehr, University of Victoria, Victoria, Canada; James McCormick, Swedish Covenant Hospital, Chicago, Illinois, U.S.; Rafael Carle, Mor Institute for Medical Data, Israel; Vicki Shambaugh, Pacific Health Research Institute, Honolulu, HI, U.S.; Hiroshi Inada, University of
A key leader in IHEPA throughout the years is Dr. Morris Collen. Dr. Collen received the International Health Evaluation Association Lifetime Achievement Award in 1992. His publications and work in medical informatics continue as Director Emeritus of the Division of Research at the Kaiser Permanente Medical Program. Dr. Collen’s wisdom and communication skills lead to many enjoyable IHEA/IHEPA sessions throughout the years. Morrie’s ability to get to the core of an issue and find simple, effective, and practical solutions in a collegial manner served health care and IHEPA well.

In recent years, to combine resources in a fiscally challenging time, members from The Society for Prospective Medicine joined IHEA and the name was changed to the International Health Evaluation and Promotion Association (IHEPA) to more accurately reflect the interests of the group. Dr. Ron Blankenbaker from the University of Tennessee, Chattanooga and a leader in the Society joined the Board of IHEPA and hosted the Atlanta symposium in 2003. The involvement of the MJ Health Screening Centers with Dr. P.K. Sung and founder Mr. C.K. Tsao, brought a growing Asian presence to the organization. The MJ group has developed health screening clinics in several countries throughout Asia starting in Taiwan and most recently expanding throughout China. MJ hosted the 2000 IHEA/IHEPA annual meeting in Taiwan. With their support, IHEPA’s 2008 symposium was held in Beijing in collaboration with the Chinese Medical Association and the Chinese Society of Health Management. Mr. Tsao and the MJ group have helped to expand IHEPA’s presence throughout Asia and further the practice and importance of health evaluation and its findings for all.

IHEPA continues today as a volunteer managed organization which presents its challenges but the respect, collaboration, and international focus of the organization remains. While IHEPA may be incorporated in the U.S., its focus and operation is truly international with the majority of members from Asia.

Dr. Shigeaki Hinohara first became President of IHEA in 1988 and we are so pleased to have him again in this role with IHEPA. Our meeting in Honolulu this year was entitled “Healthy Aging: Mind, Body and Spirit”. Dr. Hinohara sets the example for all of us and provides IHEPA with the thoughtful, experienced leadership needed to address the challenges and opportunities in health evaluation and health promotion. We are pleased to be able to share Dr. Hinohara’s celebration of his 99 years of health living and look forward to many more.

Gunnar Myrdal wrote: Not merely to save the world, but primarily to save our souls there should be dreamers, planners, and fighters in our midst who take upon themselves the important social function of raising our sights.…

IHEPA has been fortunate to have individuals from throughout the world who have done and continue to do just that.

Aloha,
Vicki

Dr. Shigeaki Hinohara, President, IHEPA with Board members Dr. P.K. Sung, Vicki L. Shambaugh, and Dr. Ronald Blankenbaker at the 2008 IHEPA meeting in China.