Don E. Detmer and the American Medical Informatics Association: An Appreciation


Abstract
Don E. Detmer has served as President and Chief Executive Officer of the American Medical Informatics Association (AMIA) for the past five years, helping to set a course for the organization and demonstrating remarkable leadership as AMIA has evolved into a vibrant and influential professional association. On the occasion of Dr. Detmer’s retirement, we fondly reflect on his professional life and his many contributions to biomedical informatics and, more generally, to health care in the U.S. and globally.

Introduction
Although the history of the American Medical Informatics Association (AMIA) dates back twenty years, the organization’s role, maturity, and influence have grown dramatically in the last five years. This coincides with the tenure of Dr. Don E. Detmer as AMIA’s first full time professional president and chief executive officer (Fig 1). On the occasion of his June 30, 2009 retirement from his full time AMIA responsibilities, it is fitting to review his remarkable career and to express the deep debt of gratitude that all AMIA members and informaticians owe him.

The Early Years
Born in Winfield, KS in 1939, Don Eugene Detmer attended high school in Great Bend, Kansas and subsequently enrolled at the University of Kansas in Lawrence for his undergraduate work and for medical school. He married his

Figure 1. Don Eugene Detmer, President and Chief Executive Office, American Medical Informatics Association.
college sweetheart, Mary Helen McFerson (a fellow Kansas native), in 1961. Although his first publication on firefly luminescence did not foreshadow the path that Don’s career would follow, he did spend his junior year of college at the University of Durham in England, perhaps anticipating that his professional journey would take him far beyond his home turf. Don’s colleagues generally attribute his frequent “down home” sayings, witticisms, plays on words, and love of puns to the quarter century he lived in Kansas. They also credit his willingness to tackle seemingly intractable issues and to pursue big goals to his spending his formative years among citizens whose state motto is *ad astra per aspera* (translation: “to the stars through difficulties”).

Don began his surgical training at Johns Hopkins from 1965 to 1967, moving on to serve as a clinical associate in the Surgery Branch of the National Heart Institute (National Institutes of Health) in Bethesda, MD from 1967 to 1969. From there he completed his surgery training at Duke University (1969–1972) during which time he revised his department’s patient history form, codirected the Duke Physician Associate Program, and cofounded an ambulatory surgical unit. With his surgical training finally complete, Don made a decision that provided another glimpse of his future, choosing to pursue additional postgraduate work, this time in health policy. From 1972 to 1973, Don was a policy fellow at the nascent Institute of Medicine (the IOM, which had been founded in 1970 and where he was subsequently elected to membership in 1991). Don’s quest for personal growth through education continued throughout his career. In 1995, he served as a visiting fellow at the National Library of Medicine (NLM) and the National Coordination Office for High Performance Computing and Communications (HPCC) at the NLM. Later, in 2002, at the age of 63, he earned a Master of Arts degree from the University of Cambridge (UK).

After his IOM health policy year (1972–1973), where he facilitated the development of the Robert Wood Johnson Foundation health policy fellows program, Don began his academic career as an assistant professor at the University of Wisconsin-Madison, holding a joint appointment in Preventive Medicine and in Surgery (Fig 2). By 1980 he was a full professor and had continued to expand his areas of interest to include quality of care from a surgical or hospital perspective, looking at populations (e.g., regional differences in surgical care), biases in medical decision-making, and health-care professional workforce development (e.g., surgical physician assistants). During his tenure at Wisconsin, Don developed the nation’s First Administrative Medicine Program, a Master’s degree for clinician-executives. In 1979, he received a chancellor’s Distinguished Teaching Award for creating innovative educational opportunities for both clinicians and future health administrators. He was also actively involved in the development and adoption of ambulatory surgery, and served as President of the Medical Staff, during which time he instituted a well-received system for detection of medical charts that were overdue in the completion of their documentation. Don’s fondest memories of his years at the University of Wisconsin may be of his ten years as team physician for the Wisconsin Badgers!

In 1984, Don was recruited to the University of Utah where he was named Vice-President for Health Sciences (Fig 3). In addition to an academic position as Professor of Surgery, Don was named Professor of Medical Informatics. While at Utah, Don worked alongside Homer Warner, who was the principal investigator of Utah’s grant from the National Library of Medicine for Integrated Academic Information.
Management Systems (IAIMS) that focused on the installation of the HELP Hospital Information System at University Hospital. In addition to the busy role as vice-president, in 1987 Don began a four year term on the National Library of Medicine (NLM) Board of Regents (including two years as chair). The NLM Director Donald A.B. Lindberg has commented regarding that era: “Don’s tenure as a member and chair of NLM’s Board of Regents left indelible happy memories and three rules. First, as a surgeon he convinced us that meetings must begin and end on time—this regardless of whether they needed to happen in the first place. Second, a sense of humor is valuable at all times, and no proposition is immune to levity and ridicule. Third, when all other means of explanation fail, one should show a dog cartoon.”

Detmer also served a seven year term (including four years as chair) on the American College of Surgeons (ACS) Committee on Allied Hospital Personnel (followed by terms on the ACS International Fellows Committee and its Executive Committee). These opportunities expanded Don’s experience with national health policy development, deepened his understanding of national health information challenges, and provided him with an opportunity to master the nuances of professional associations/organizations and the politics of medicine. His writings from this period reflect his surgical specialty (for example, articles on the surgical treatment of chronic compartment syndrome), his role as an academic health center leader, and his growing interest in informatics.

In 1988, Don moved to the University of Virginia (UVA) in Charlottesville when he was named Vice-President for Health Sciences, Professor of Surgery and Professor of Business Administration. Don cofounded the Virginia Health Policy Center in 1992, added provostial duties in 1993, and in 1996 became Senior Vice-President, Professor of Health Policy, and Professor of Health Evaluation Sciences in addition to Professor of Surgery. Don and Mary Helen delighted in living on Thomas Jefferson’s famed “Lawn” at UVA, where they hosted annual pumpkin-carving parties for UVA students who also lived on the lawn and where they were often awakened by shrieking students engaged in the tradition of “streaking” down the lawn.

As VP for Health Sciences, Don oversaw the construction and opening of UVA’s new hospital, the implementation of a computer-based physician order-entry system (including the accompanying backlash from residents), the expansion of the clinical facilities for the Health Sciences Center (HSC) beyond the university grounds (with significant impact on town/gown relations), and dramatic cuts in state support for the Health Science Center due to severe budget difficulties for the Commonwealth of Virginia (Fig 4). Of particular note, Don’s decision to ban smoking at the UVA HSC, despite the political and economic climate of the time, illustrated his willingness to address difficult issues and to make decisions based on evidence and focused on health, even if those decisions were unpopular at the time. Within a year a poll showed that he had won over the naysayers, achieving almost unanimous support for his decision.

In addition to his multiple management and leadership roles, Don practiced peripheral vascular surgery for twenty-six years (1972–1998). While at the University of Wisconsin, he codeveloped the peripheral vascular service and directed the peripheral vascular evaluation laboratory. He specialized in the diagnosis and treatment of chronic compartment syndrome (CCS) and identified variations in CCS such as proximal and distal deep chronic compartment syndrome. Over a period of seven years of clinical work, he discovered that one variety of chronic medial tibial stress syndrome was due to perios- talgia and could be cured with a periostectomy. His patients were typically well conditioned athletes (often runners) who presented with shin splints (or paresthesia of the plantar aspect of the foot and tightness, cramping, and aching in the deep muscles posterior to the tibia) that failed to respond to nonsurgical treatment. He would say that this surgery helped to get them back on track.

When Don could not be in the operating room every day due to his administrative duties, he became expert at doing needlepoint to keep his fingers nimble. As a result, Don and Mary Helen’s home has many fine pieces of needlepoint, including a large tapestry of the Blue Ridge Mountains.
The Pre-AMIA Years: The IOM CPR Report and Beyond

Although Don Detmer's involvement with informatics notions began early in his career, it was a landmark study at the Institute of Medicine, completed in 1991, that brought him to a particularly visible and ongoing position of influence in the field. In 1986, the IOM had begun to explore the possibility of a self-initiated study of medical records in light of emerging technologies. The National Research Council approved the study in July 1987, but because there was not a primary sponsor (i.e., funding agency), it took IOM staff two years to garner sufficient financial commitments from a range of public agencies and private organizations to support the 18 month study. When selecting the 10 committee members and two liaison members from the federal government, the IOM sought to balance broad representation with widely recognized technological expertise. The choice of committee chair was deemed particularly important. It had to be someone who not only would be credible with health care professionals and familiar with the technological terrain, but also a leader who was able to avoid creating an overly technical report that would sit on shelves collecting dust. There was consensus that Don Detmer was the perfect choice for the chairperson's role.

The study committee began its work in Sept 1989, met five times, and organized a landmark workshop before releasing its report in 1991. Although the committee was charged with studying patient records broadly, the members determined at their first meeting that it was folly to focus on anything other than the role of computer-based technologies in addressing the record keeping needs of the health-care community. Thus, the study focused on computer-based patient records (CPRs) and the resulting report became known as "the IOM CPR Report." The committee clearly set an overly ambitious goal of achieving widespread use of computer-based patient records by 2001. It did, however, articulate a clear vision for electronic health records as much more than automated versions of conventional records and this vision has stood the test of time (even if the name has continued to evolve from CPR to EMR and now EHR). As Don noted in the preface to the report, "CPRs are a key infrastructural requirement to support the information management needs of physicians, other health care professionals, and a variety of legitimate users of aggregated patient information. It is this vision, as much as any other message, that the committee hopes will engage the reader [of the report]. We believe that if enough individuals become imbued with the sense of the possible, the reality will emerge." Sales of CPR report suggest that the committee's vision did reach the broad audience it targeted and that the report was not just collecting dust. The CPR report was so popular, in fact, that in 1997 the IOM secured funding to support a second edition that was published with two new commentaries on the state of computer-based patient records at that time.8

The committee also stimulated the creation of the Computer-based Patient Record Institute (CPRI), fulfilling the first recommendation of the report—to create a public-private entity that would focus the nation's attention on key infrastructure challenges that had impeded widespread adoption of computer-based patient records. The CPRI focused on issues such as interoperability standards, privacy, unique health identifiers, and benefits realization. A high level 1996 Summit on these issues generated much of the discussion that contributed to the passage of the Health Insurance Portability and Accountability Act (HIPAA) that year. The CPRI also established the Nicholas E. Davies Award for Excellence in CPR Implementation (named for an eminent physician who sat on the IOM's CPR study committee), which is the "Baldridge Award" of CPR implementation and continues to this day (now administered by HIMSS—the Health Information Management Systems Society). Without sufficient federal leadership or financial stimulus, however, adoption of electronic health records (EHRs), the contemporary name for CPRs, made only incremental progress. New energy and an organizational push to accelerate development of the HIT infrastructure gained traction first with Secretary Tommy Thompson (Department of Health and Human Services), who pressed for the creation of the Office of the National Coordinator for Health Information Technology, subsequently with Secretary Michael Leavitt's creation of the American Health Information Community (AHIC) and its successor the National eHealth Collaborative, and with the enactment of the health information technology for economic and clinical health (HITECH) provisions of the American Recovery and Reinvestment Act (ARRA).

Don continued to immerse himself in a wide range of issues throughout the 1990s. In 1991, he started his eleven year term (including eight years as chair) on the IOM's Board on Health Care Services as well as a thirteen year term on the China Medical Board (an organization that seeks to advance health in China and neighboring Asian countries through strengthening medical, nursing, and public health research and education). This followed naturally from his service earlier on the steering committee of the W.K. Kellogg International Health Fellows Program. Also, in 1991 Don began his six year term on the board of the Association for Health Services Research (now Academy Health). The Association of Academic Health Centers called on Don to serve on their Forum for University Relations from 1993 to 1995 and their Board from 1996 to 1998. In 1995, Don co-chaired the IOM Committee on US Physician Supply.9 Also, in 1995, Don was immersed in the political conversations surrounding privacy and patient records10 and actively participated in drafting the privacy bill that Senators Bennett and Leahy introduced in the 104th Congress. In 1997, he founded the Blue Ridge Academic Health Group, which invited leaders of academic health centers (AHCs) to study and report on AHC-related issues of fundamental importance to improving the health system. He continues to co-chair the group, which has produced 13 reports, including eHealth and the Academic Health Center in a Value-driven Health Care System (2001) and Advancing Value in Health Care: the Emerging Transformational Role of Informatics (2008).11 From 1996 to 1999, Don served with Paul Tang as co-chair of AMIA's Public Policy Committee. This was a busy period, during which he was chair of the National Committee on Vital and Health Statistics (NCVHS) when Congress passed HIPAA. Amidst the substantial challenges created for the committee by HIPAA, and the accompanying debate over
privacy and unique health identifiers, NCVHS launched the national health information infrastructure (NHII) initiative in 1997. This Work Group sought to address Secretary Shalala’s goal of transforming the NVCHS role from a retrospective coordinator of vital statistics to a primary purveyor of advice for health information policy management. Of particular note, the NHII vision targeted three interrelated dimensions of health data to improve: personal health data, health care provider data, and population health data.12,13

In 1999, Don completed his term as senior vice-president at UVA and became the first Dennis Gillings Professor of Health Management at the Judge Institute of Management Studies at the University of Cambridge (UK). During Don’s four years at Cambridge, he was busy teaching, collaborating on the concept of informed patients in the European Union,14 and actively participating in healthcare and health-information policy development on both sides of the Atlantic and beyond. For example, in 2000 he was a member of the President’s Information Technology Advisory Committee’s Panel on Transforming Practice in Health Care and was a member of Association of Academic Medical Colleges’ “Better Health 2010” advisory board. Exercising his international health policy credentials, he served as a member of the National Health Service Information Authority’s National Information Partnership Academic Forum Core Group (UK) from 2000 to 2003 and, in 2002, was a consultant for the Hong Kong Hospital Authority’s Health Information Infrastructure Strategy. Significantly, Don continued to chair the Institute of Medicine Board on Health Care Services and to serve on the IOMs’s Committee on Health Care Quality in America, which produced two seminal reports on health care quality.15,16 Thus, while expanding his understanding of international approaches to health policy and information and communications technology issues, Don promoted the essential elements of quality (i.e., safety, timeliness, efficacy, efficiency, equity, and patient-centeredness) and explained how robust health ICT systems and a health care workforce proficient in the use of such systems were necessary components of a health system that could consistently produce quality care.

A Professional President and CEO For AMIA

In Jan 2004, the Board of Directors of AMIA voted to search for a new Executive Director, a senior informatician from within the ranks of AMIA’s membership. To understand why the AMIA Board of Directors determined that it was crucial to call upon one of their own, one must place this decision in historical context. AMIA was founded in 1990 through the merger of three separately incorporated organizations, the American Association for Medical Systems and Informatics (AAMSI), the American College of Medical Informatics, and the Symposium on Computer Applications in Medical Care (SCAMC). For over 30 years, these entities served as networking and gathering places for individuals and organizations in the medical informatics community. As a result of the merger, guided by the new AMIA Board, these organizations evolved into one membership organization. SCAMC continued as the key national academic informatics meeting, changing its name to the AMIA Fall Symposium in the mid-1990s. The consolidation of the three former organizations enabled the hiring of a dedicated professional staff and the procurement of office space. This put systems and processes into place to support the functions of a non-profit organization which could plan and carry out traditional association activities such as membership, meetings, education, expositions, publications, communications, marketing, technology, finance and administration, advocacy, and corporate relations.

Nevertheless, the nascent AMIA organization did not grow as fast as the field in general and relied financially on the yearly income from one or two major programs. Since its inception, AMIA had had three executive directors, all with professional association management experience. In 1993, during Randolph Miller’s presidency, the AMIA Board modified the organization’s bylaws to create a potential new AMIA governance model similar to that of the American College of Physicians. It allowed for an “in-house” senior informatician to serve as Executive Vice-President, to lead day-to-day operations, and would have migrated what was then the AMIA President’s role to that of serving as Chair of the Board. Attempts followed to recruit a senior informatician for this new executive leadership position, but lacking success, the Board turned instead to hiring a director with association management experience.

Thus, AMIA continued to have volunteer professional informatics leadership throughout the 1990s. AMIA’s bylaws called for the president’s term to last two years, and the initiatives of one president were rarely continued by the next. AMIA’s approach had instead depended on the overlapping terms of AMIA board members and the professional staff in the association’s office to provide continuity.

From 2000 to 2003, AMIA witnessed a substantial decline in its financial reserves, despite overall growth in the field. Other organizations had begun to offer conferences in the general areas of informatics and healthcare information technology. The lack of membership growth, stagnation in continuing education offerings, and fiduciary problems hampered the Board of Directors’ ability to invest in new programs and to increase AMIA’s relevance on the national scene. Yet, AMIA members were constantly in the news, spoke in prominent fora, and had visible influence within the federal government. AMIA led the call for a National Health Information Infrastructure (dubbed the NHII) and wrote President Bush to encourage creation of the Office of the National Coordinator for Health Information Technology (ONC). By 2004, AMIA was the only organization calling for the training of 6,000 physicians and 6,000 nurses to support the federal goal of having electronic health records fully adopted by 2014. Yet, when an AMIA President spoke with the press or testified to congress, that individual’s university affiliation was highlighted and AMIA often was not mentioned. AMIA’s Board realized that they needed to take action to enhance the organization’s effectiveness and visibility.

Thus, in 2003, with impetus in part from President-Elect Charles Safran, who was planning for his coming term, the Board of Directors (BOD) reassessed the organization’s management philosophy and approach. This began a period of reflection and clarification of AMIA’s mission, strategy and purpose. It focused on the need for a more unified
message and the importance of developing a broader suite of member programs and services. The BOD concluded that AMIA had long been respected for adherence to scientific and evidence-based approaches, but lacked a leader with command of evolving biomedical and health policies to speak with authority and to capitalize on potential opportunity. Thus, the pivotal decision was made to bring in a professional clinician-informatician to lead AMIA and its professional association office.

Hiring a full-time professional leader was a daunting challenge given the fiscal realities at the time. Writing a job description was easier than defining the qualifications for the new executive. The Board wanted someone of stature and credibility among the AMIA membership, but also managerial with operating experience (operating-room experience was not initially contemplated!). They believed that policy experience would be helpful and that physical proximity to Washington, D.C. would also be attractive. Early in 2004, after Charles Safran had become AMIA President, the Board charged him to form a search committee to identify a full-time managerial senior leader from within the profession.

With advice from Donald Lindberg at the NLM, Safran decided to talk with Don Detmer. Don was certainly well known, and he and his wife Mary Helen were about to return to the United States from their almost five year stay at the University of Cambridge in the UK. When first approached by Dr. Safran, Don was more interested in planting trees on his farm near Charlottesville, as he had promised his family. Although other candidates were considered, Don emerged as the leading candidate and Dr. Safran returned to try to persuade him to take the position with AMIA. Springtime in Virginia is not a good time to negotiate with a Jeffersonian farmer, but as the hotter summer months began, Don began to see the appeal in taking on this kind of leadership role. With a change in title from Executive Director to President and Chief Executive Officer (with a corresponding change in the title of the leadership position on the Board of Directors from President to Chairman), the potential deal was set. At MEDINFO 2004 in September, membership voted to change the bylaws and Don accepted the position as President and CEO of the American Medical Informatics Association.

President Detmer was given a gift on day one from the Medinfo organizing committee—an incremental nest egg for AMIA of some $400,000 (due to the remarkable success of that meeting, both in attendance and in contributions from sponsors). Moreover, during 2004, the AMIA office staff had grown in their roles, with Karen Greenwood assuming the office leadership role. AMIA was poised to undergo rapid evolution.

In reflecting on those early days of Don’s leadership, Dr. Safran noted: “From the outset, Don took gentle control and worked with our Board to strengthen the organization. As Chairman, I found that getting to work closely with Don was one of the professional highlights of my career. While I know that he is a vascular surgeon by training, he defies stereotype. As clinician, scientist and educator, he listens and teaches, guides and cajoles. By any metric, AMIA is lucky to have had Don at the helm.”

**The AMIA Years**

Don Detmer’s tenure as President and CEO of the American Medical Informatics Association marked the beginning of a dramatic transformation for the organization. Under his leadership, AMIA’s standing in the greater health care community rapidly rose, and AMIA’s financial turnaround was almost immediate. Much of this related to the broader scope of effort and focus that he undertook. In his first official remarks to the BOD, Don Detmer spoke of his vision for AMIA. He stated, “right now the issue seems to be that AMIA needs to be known, not only for its individual members, but for what it is. Program initiatives that focus on this need should be developed.” Among the areas he put forward for consideration were what is a personal health record (PHR) and how does it interface with clinical records? How might AMIA interface with the bioinformatics community? Should AMIA develop national policy papers with AHRQ on a series of topics including the future of clinical care with respect to clinical decision support? Should AMIA get involved in certification of informatics professionals? How can AMIA develop both an entry level and advance core informatics curriculum to train health professional and students in various occupational settings? Dr. Detmer closed by stressing that transforming an organization will not happen suddenly and stated a need to add more staff while protecting those current staff members who were dedicated to carrying out their responsibilities but also seeking new challenges.

Within months, Don began refining his desired portfolio of AMIA initiatives. He offered a vision and strategy for developing new programs to serve the current membership and to attract prospective members (Fig 5). He spoke of the need for increased and timely communication with the general membership and the importance of drawing on the talented pool of subject matter experts within the informatics community who were capable of helping AMIA deliver products that naturally emerged from the strategy. He believed the biggest challenge for the organization (and the field) was fundamentally to realign AMIA activities to better address societal health needs. He talked of informatics as absolutely central to a successful transformation in health and health care and the need for leaders in informatics,

**Figure 5.** Dr. Detmer demonstrates his passion for the field while speaking before an AMIA Conference.
beyond himself, to do their share of telling and selling this message. This multidimensional approach focused on values, education, research, policy, development, and marketing.

Specifically, the features of Detmer’s early approach were based on the IOM principles. They focused on a core set of aims for using information technology (IT) as a tool to improve health and health care, including both individuals and populations. Another early and consistent feature of his approach was interlacing AMIA initiatives for education (professional informaticians and practicing health professionals, professional health students, patients and citizens), research (bioinformatics, clinical and public health informatics), policy (advocacy plus standards). His development and marketing skills led AMIA to seek grants and contracts on a scale not previously attempted. At the time, Board member Paul Tang commented that he supported this opening strategy because “it positions AMIA to advance the use of informatics to improve health rather than advocates for health IT as an end.”

Dr. Tang, the incoming AMIA BOD Chair for 2006–2007, recommended a Board retreat that used the principles in Jim Collins’ book Good to Great to focus the Board’s and the organization’s energies on developing and executing its “hedgehog” that: “AMIA is the trusted source of knowledge about effective use of informatics to transform health care through translational bioinformatics, clinical informatics, and public health informatics.” Detmer later stated: “The three domains are not exclusive to one another. They overlap in various ways and, most importantly, informatics done properly is intrinsically multidisciplinary in nature, flexible and integrative. Having said this, there is sufficient good to be gained from acknowledging this taxonomy that the AMIA Board of Directors has adopted this approach.” This formula for the entire senior leadership team provided a foundation for AMIA to begin repurposing existing programs and building new ones geared toward informaticians in these domains. AMIA went from generic messaging about health information technology to directive communication, embracing and clarifying the term informatics for potential audiences. AMIA’s tag line changed from embracing and clarifying the term informatics for potential audiences. AMIA’s tag line changed from health information technology to directive communication, embracing and clarifying the term informatics for potential audiences. AMIA’s tag line changed from the Future of Health Information Technology to The Professional Home for Biomedical and Health Informatics. The next challenge was to populate AMIA with a meaningful set of programs and activities.

To focus on the organization’s strategic goals, four Board-level task forces were created: (1) Professional Home, (2) Educational Outreach, (3) Corporate Partnerships, and (4) Knowledge Services. These content areas became the cornerstones of rebuilding the “new AMIA.”

Don led the new AMIA office to carry out these initiatives. The Professional-Home initiative led to the creation of the Academic Forum, the Strategic Academic Leadership Council, AMIA’s election into full membership into the Council of Medical Specialty Societies (which facilitated AMIA’s visibility for subspecialty certification in clinical informatics), and the effort, funded by the Robert Wood Johnson Foundation, to define the criteria for subspecialty certification of clinical informatics. AMIA focused on the professional needs of informaticians in its annual Fall Symposium and in its increasingly popular Spring Congress. In the Educational Outreach initiative, the organization focused its energies on the 10 × 10 program, adding more staff support and other resources to broaden the educational offerings of the program. Begun as a brainchild of Drs. William Hersh, Charles Safran and Don Detmer, the signature 10 × 10 program became an important strategic direction. It increased the reach of AMIA’s educational offerings and diversified AMIA’s revenue-making capabilities. The Corporate Partnerships initiative kicked off several corporation-oriented programs, including the Industry Advisory Council, corporate roundtables at the Fall Symposium, and a corporate leadership reception. Finally, the Knowledge Services initiative produced several white papers including a National Road map on clinical decision support.

The focus and dedicated efforts of Don and the work by the reenergized AMIA Office produced unexpectedly successful results in these four initiatives. Membership in the organization grew 20% as AMIA structured key activities to address the needs of its members as informatics professionals (Fig 6). Close to 1,000 trainees enrolled in the 10 × 10 courses. The increased attention and partnership opportunities with corporations led to a 60% jump in corporate memberships. The number of grants and contracts over $50,000 went from near zero to forming a sizable portion of AMIA’s budget. An important measure of AMIA’s relevance, its citations in the media, almost doubled. AMIA had come of age, in a manner that coincided perfectly with the new visibility and importance of informatics in American health care.

Today, AMIA is guided by a cohesive strategic plan, with defined goals and a set of highly visible recent accomplishments consistent with the strong commitment to achieving objectives (see Table 1). AMIA uses many metrics to monitor its outcomes. The organization’s oper-
The budget has risen from $2.2 million in 2003 to an estimated $5.6 million in 2009, while media citations have risen from 200 in 2003 to over 1,400 in 2008. A staff of 11 before Dr. Detmer’s arrival is now a staff of 20 individuals, including two who worked with him at UVA. The core administrative group he inherited, expanded with an experienced policy expert, has become, in his words, “an exceptionally solid senior management team” and the

Table 1 - Recent Initiatives Under Detmer’s Leadership

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<th>AMIA Strategic Goal</th>
<th>Examples</th>
<th>Comments</th>
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<td>1. AMIA and its members will advance the development and implementation of health information and communications technology and practices, including a health communications and information infrastructure capable of supporting care of individual patients, clinical research, translational bioinformatics, public health/population health and personal health management.</td>
<td>a. Summit on translational bioinformatics</td>
<td>Introduced in 2008 with a larger, successful second meeting in 2009. The meetings will be held annually.</td>
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<td>b. New features and foci at the annual fall and spring symposia</td>
<td>Several new tracks at the fall meetings and major emphases on clinical research informatics and public health informatics at the spring congress.</td>
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<td>c. Digital Patient Record Certification Program (Developed with CS Placement, Inc)</td>
<td>An initial building block for widespread education regarding any use of computers displaying identifiable patient data.</td>
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<td>2. AMIA will offer leadership and collaboration in clinical healthcare and research informatics, public health/population informatics and translational bioinformatics, including advocacy for research support.</td>
<td>a. CDC cooperative agreement to strengthen the breadth and depth of the public health workforce by providing training in public health informatics.</td>
<td>Formal collaborative relationship with the Centers for Disease Control and Prevention (CDC) national center for public health informatics (NCPHI).</td>
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<td>b. Support from Federal Agencies (e.g., AHRQ) and private entities (e.g., Commonwealth Fund) to complete policy white papers.</td>
<td>AMIA has completed and published several research papers on topics including, “The Intersection of Patient Safety and HIT” and Clinical Decision Support (CDS).</td>
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<td>c. Establishment of an industry advisory council (IAC) (2007) in recognition of the key role commercial organizations play in our association and in the field of informatics.</td>
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<td>3. AMIA will expand the size of and strengthen the competency of the health informatics workforce in the US and support the continued development of the health informatics profession.</td>
<td>a. Clinical informatics as a medical specialty</td>
<td>With support from the Robert Wood Johnson Foundation, AMIA has worked to define a core curriculum for clinical informatics and to work with the American Board of Medical Specialties, through the American Board of Preventive Medicine, to pursue possible clinical informatics board certification, initially for physicians.</td>
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<td>b. The AMIA 10 × 10 program</td>
<td>This program has resulted in training of informaticians around the nation, and the development of an array of program offerings.</td>
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<td>4. AMIA will contribute to the development of sound state, federal, and global policy on health information technology issues.</td>
<td>a. Annual health policy meetings, now in their 4th year</td>
<td>Diverse stakeholders from a wide range of public and private organizations have met to discuss issues such as “Secondary Uses of Health Data” and “Informatics and Evidenced Based Care”. Reports and collateral materials have been published from these meetings.</td>
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<td>b. Advisor to Federal Government, with visible presence on capitol Hill and before advisory committees such as NCVHS</td>
<td>ARRA legislation reflects Federal acceptance of issues brought before the Congress in part through AMIA’s efforts.</td>
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<td>5. AMIA will provide thought leadership and be a catalyst and incubator for new ideas that can be developed by the informatics community.</td>
<td>a. AMIA’s leadership seen in areas such as principles of data stewardship and the need for a trained and educated healthcare workforce.</td>
<td>Work face legislation developed with input from AMIA was incorporated into ARRA bill.</td>
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<td>b. AMIA members have been repeatedly recognized for their skills and expertise.</td>
<td>AMIA members appointed to prominent positions on Federal and national advisory boards and committees such as AHIC, NeHC, the HIT Policy Committee, the IOM, and the NCVHS</td>
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<td>c. Gates and Rockefeller grants to advance global biomedical and health informatics training and education.</td>
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entire staff is professional and dedicated. The AMIA member-leaders are now routinely appointed to important national positions and committees.

As the President and CEO of the American Medical Informatics Association, Don Detmer has been simultaneously a visionary, leader, spokesperson, idea man, colleague, teacher, mentor, and friend to many with whom he crossed paths. He is adept at engaging members and gaining commitments for volunteer service to AMIA out of a deep personal belief in the power of biomedical and health informatics. He has represented AMIA to the United States Congress, Federal Agencies, professional societies, the press, academia, and industry. On both the domestic and international fronts, he has been a tireless advocate through speaking engagements, serving as the voice of biomedical and health informatics. While not every project reached fruition, more often than not Don “fostered an atmosphere where excellence, innovation, and calculated risk taking are valued and rewarded, thereby inspiring others to do their personal best.”

Perhaps Don’s most remarkable attribute, however, is his unwavering and relentless enthusiasm and energy, and his ability and willingness to handle multiple projects and priorities simultaneously. AMIA has accomplished much more across an extraordinary number and range of dimensions under his leadership than most of the membership might have believed possible. In recognition of his achievements, the AMIA Board of Directors established a signature award in his name, The Don Eugene Detmer Award for Health Policy Contributions in Informatics, designed to recognize an individual who has made a significant, singular contribution or series of contributions over the course of a career, exemplifying the expertise, passion, and spirit that Don has brought to AMIA. It was only fitting that Don was the first recipient of this award in 2008.

Although Don is retiring from his full time AMIA duties, we know he will remain involved as an active member and counselor. Dr. Ted Shortliffe, incoming President and CEO who assumed the leadership role on Jul 1, 2009, has noted: “Although our field is constantly evolving and we will no doubt face new challenges in the years ahead, Don Detmer has set a marvelous course for the organization during his five years at the helm. Like other AMIA members, I am impressed and humbled by all that he has accomplished, and look forward to continuing to draw upon his wisdom and advice as we pursue initiatives that he began, even as we begin new ones.”

Don will at last be able to spend more time on his small farm nestled in the foothills of the Blue Ridge Mountains in Brown’s Cove, Albemarle County, Virginia, where he lives with his wife, Mary Helen, who is a published poet as well as still being his sweetheart (Fig 7). Their family includes two daughters, a son-in-law, and three grandchildren. His retirement will continue those interests that have engaged him throughout his life. In addition to his AMIA activities, he looks forward to spending time with his grandchildren, horses, fly fishing, biographies, crafts (especially needlepoint and wood working), and his farm, where he plans to plant more fruit trees and to investigate truffle farming. We wish him well and thank him for all he has contributed to our professional and personal lives.

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