

## Health Information Exchange

### **Introduction**

Health information technology helps in gathering information across the healthcare organizations in a region, country etc. The development of information technology in health care is more or less the same way as in other industries and improves the performance of today's information. To optimize patient care health facilities are actively acquiring and implementing clinical, administrative and financial information systems. It is assumed that all of the information that arises in the course of patient care, will be created, processed and stored in their policy decisions.

### **Discussion**

For the state, especially the big, quality automation of individual institutions cannot in general be a priority because it is impossible to ensure proper control over all of them. On the contrary, the creation of a mechanism to collect key performance indicators of health facilities is a necessary task for at least the regional regulator.

Most effectively this is done by creating a single information space for the health care system at the regional level (or in small states, at the national level), one of the participants that are regional or national regulator (Kini, 2012). In addition to ensuring the collection of information on the activities of health facilities unified software platform allows you to organize the exchange of patient information between different institutions in the region. Creating a platform solves several problems in this area:

- Consolidation of patient information at the regional or country level;
- The use of centralized reference data;
- The possibility of introducing standards for collecting information and monitoring their implementation;
- Analysis of health care facilities.

Exchange of information between the participants of the health system can be called the second phase of the informatization of the industry. Implementation of software solutions for the exchange of medical information in general, as international experience shows, is initiated by the state (Kini, 2012). The result of these initiatives, in addition to improving the quality of service is also a cost savings for the organization of the treatment process. The implementation of this phase facilitates the transition to the final stage of automation health sector institutions; the stage of long-term information management.

Following are the technological problems incurred during the exchange of health information at the level of a region or a country (Furukawa, et.al, 2013):

- Aggregation Of Personalized Medical Information;
- Creating A Single Repository Of Medical Images At The Regional Level;

- Cleaning And Normalization Of Data (Interoperability, Removal Depending On The Particular Vendor's Hardware Or Software);
- Providing Support Standards for Storage and Exchange of Information (HL7, Dicom, Xds, Etc.);
- Integration With Other Systems Or Regional Level Of The State;
- Controlled Access To Information For All Members Of The Health System (Health Workers, Government Officials, Patients, Insurance Companies, Etc.);
- Ensuring The Integrity Of The Data And Maintaining The Audit;
- Preparation Of Data For Analytical Tasks, The Creation Of Regional Data Model;
- Forecasting, Analysis of Trends in the Region.
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### **Conclusion**

From the viewpoint of facilities it achieves continuity information and improves the efficiency of internal processes. In theory, this should lead to an increase in patient satisfaction, quality of care and a positive perception of health facilities by regulatory authorities. The introduction of internal information systems in health care, as a rule, had virtually no effect on the loyalty of patients and does not improve the health situation in the region or the country as a whole.

**REFERENCES**

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