Health Information Exchanges (HIE)

Name

Course

Tutor

Date

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The platform of Health Information Exchanges (HIE) presents the healthcare providers like nurses, doctors, and pharmacists to formerly access the patients' medical data information. The information is shared electronically hence enhancing quality, time, security and value for the patients. The types of Health Information Exchanges in which health providers deploy to trace and safeguard patients' data sequentially and include:

Directed Exchange

Directed exchange offers healthcare professionals the capability to collect and dispatch the guarded data electronically. They include data from the laboratories, referrals, patient discharges, and healthcare givers on internet platforms with encryptions, security, and communication trustworthiness.

Query Based Exchange

Query Based Exchange is a platform that presents the healthcare givers with the capability to access information on request regarding a patient’s data from other givers for arrangements of any emergency cares.

Consumer Mediated Exchange

Consumer Mediated Exchange offers many patients a chance for comprehensive management of their medical data electronically. In this case, the patients can govern their medical data, which will lead to data transfer between the healthcare givers, demographic information presentations, medical bills, tracings, and health observations.

In a project involving vendors and society, the EHR vendors had a whole structure with the Gertrude data arrangement in operation. The system is programmed to transferring information on patient histories to a health information exchange to facilitating patient referrals and for the population registry or data storage. These items elevate the EHR as the basis of various information upon which every giver in the population can utilize hence moving from the practice as equipment for just one site provider (Heath et al., 2017). Accordingly, the project has realized unparalleled grades of agreement concerning the application of Health Information Technology (HIT) in adhering to controlling the whole population's medication systems. Respectively, it has improved the EFK technology efficiently and comprehensively. Before the operations, the workers of the Health Information Exchanges that were there before the Gertrude Community Project reported their capability to demonstrate longitudinal patient history (Nguyen et al., 2018). The system compromised of their ineptitude to extract the information out of the primary care activities of the EHR systems.

The standard set of data transfer from the primary care was a free text blob that prevented providers from accessing the data via the Health Information Exchange to see the patient's conditions and evaluate care requirements. About 15 CCD enabled exchanges remain active with the Gertrude community and around five vendors. A glide path from HITSP to CCDA will offer the patients summary and teamwork of AG to expand on the data set (Ruley et al.,2018). In addition, the health givers and the HIT will utilize the standards put in place by the Centers for Medicare and Medicaid Services and Office of the National Coordinator for Health Information Technology (HIT).

Reference

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