

# Health information exchange - answer both questions

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## Health Information Exchange Health Information Exchange Introduction

According to Kern and Kaushal (2007), there is a huge difference between the kind of health care available today and the kind of care people could have. To address this gap, an array of action plans have been formulated and implemented. As further posited by Kern and Kaushul (2007), this gap could better be addressed through employment of health information technology. In this respect, New York (NY) State implemented a Health Information Exchange program (HIE). This discussion explicates the efforts being made in NY State in implementing an HIE, parties involved, who is leading the initiative, whether it is a consolidated or federal model, whether personal health records play a role, and a description of how records are transferred between providers.

### Q1: Health Information Exchange in New York State

NY State "Has made adoption of HIT and HIE a top priority through the Healthcare Efficiency and Affordable Law for New Yorkers (HEAL NY) Capital Grant Program" (Kern and Kaushul, 2007, p. S18). This program is mandated to implore funding to finance implementation of EHRs, electronic prescribing, and formulation and execution of pervasive clinical data exchanges within NY State (Kern and Kaushul, 2007). In facilitating implementation of HIE, Kern and Kaushul (2007) asserts that it is a prerequisite for the initiative to engage all stakeholders in the healthcare sector. In this regard, other parties involved other than the NY State government and grantees include hospitals, physicians, and payers (Kern and Kaushul, 2007). As further outlined by Kern and Kaushul, (2007), there are also efforts to ensure that grantees contribute funds equivalent to the funds donated by the State government to support

HIE, and other efforts require subsequent evaluations of the initiative in an effort to assess the impact of the initiative on the quality, cost, and safety of health care. Assessing the impact of HIE on quality, cost, and safety of care validates the fact that personal health records play a fundamental role in the initiative. In essence, health records serves as a source of evaluation data. In facilitating the implementation of HIE, HITEC (Health Information Technology Evaluation Collaborative) was also established as an effort to bring together researchers and experts in all science related fields (Kern and Kaushul, 2007). Implementation of the HIE in NY State is a consolidated effort as it involves the NY State government, grantees and stakeholders.

#### Q2: Transferring records between providers

When a patient presents himself to a physician in need of a specialized care or assessment, the physician is obligated to refer the patient to a qualified specialist. In doing so, it is a prerequisite for the physician to ensure the patients information is transferred to the specialist physician. According to the scenario in the case (S&I Framework, n. d), the transfer is done electronically and thus necessitating adoption of EHRs. The records must also be in an encrypted format and should go hand-in-hand with a direct message addressed to the specialist (S&I Framework, n. d). The records must also go through a third part referred to as a brokering agent (S&I Framework, n. d) responsible for ensuring the safety of the records. When the information reaches the specialist, S&I Framework, (n. d) posits that it is decrypted by his Health Information Service Provider (HISP) user interface. The specialist is able to review the patients information before the actual appointment.

## Conclusion

In conclusion, adoption of technology and sharing health related information is imperative for the attainment of health care characteristic of high quality, safe, and at a low cost affordable to the general population. New York State for example has implemented a Health Information Exchange program responsible through the HEAL NY initiative. When transferring medical records between providers, the information ought to be in an encrypted format in order to ensure its safety.

## References

Kern, L. M., & Kaushal, R. (2007). Health information technology and health information exchange in New York State: New initiatives in implementation and evaluation. *Journal of Biomedical Informatics*, 40, 2007: S17-S20.

S&I Framework. (n. d). Transferring Records between Providers. Retrieved from [http://www.siframework.org/scenario\\_toc2.html](http://www.siframework.org/scenario_toc2.html)