



The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

The CDA™ book

A User's Guide

National EHealth Strategy Toolkit

Hacking Healthcare

PACS and Imaging Informatics

This textbook begins with an introduction to the US healthcare delivery system, its many systemic challenges and the prior efforts to develop and deploy informatics tools to help overcome those problems. It goes on to discuss health informatics from an historical perspective, its current state and its likely future state now that electronic health record systems are widely deployed, the HL7 Fast Healthcare Interoperability standard is being rapidly accepted as the means to access the data stored in those systems and analytics is increasing being used to gain new important and evolving areas of informatics including population and public health, mHealth and big data and analytics. Use cases and case studies are used in all of these discussions to help readers connect the technologies to real world challenges. Effective use of informatics systems and tools by providers and their patients is key to improving the quality, safety and cost of healthcare. With health records now digital, no effective means has existed for sharing them with patients, among the multiple providers who may care for them and for important secondary of congressional discussion and is addressed by the 21st Century Cures Act of 2016 that mandates that electronic health record (EHR) systems offer a patient-facing API. HL7's Fast Healthcare Interoperability Resources (FHIR) is that API and this is the first comprehensive treatment of the technology and the many ways it is already being used. FHIR is based on web technologies and is thus a far more facile, easy to implement approach that is rapidly gaining acceptance. It is also the basis for a universal health app platform that literally has the potential to form ecosystems smartphones created around the data they store. FHIR app stores have already been opened by Epic and Cerner, the two largest enterprise EHR vendors. Provider facing apps are already being explored to improve EHR usability and support personalized medicine. Medicare and the Veteran's Administration have announced FHIR app platforms for their patients. Apple's new iOS 11.3 features the ability for consumers to aggregate their health records on their iPhone using FHIR. Health insurance companies are exploring applications of FHIR to improve services. SureScripts, the national e-Prescribing network, is using FHIR to help doctors know if their patients are complying with prescriptions. This textbook is for introductory health informatics courses for computer science and health sciences students (e.g. doctors, nurses, PhDs), the current health informatics community, IT professionals interested in learning about the field and practicing healthcare providers. Though this textbook covers an important new technology, it is accessible to non-technical readers including healthcare providers, their patients or anyone interested in health or research.

Principles of Health Interoperability SNOMED CT, HL7 and FHIR Springer

Written by nationally and internationally recognised experts on the design, evaluation and application of such systems, this book examines the impact of practitioner and patient use of computer-based diagnostic tools. It serves simultaneously as a resource book on diagnostic systems for informatics specialists; a textbook for teachers or students in health or medical informatics training programs; and as a comprehensive introduction for clinicians, with or without expertise in the applications of computers in medicine, who are interested in learning about current range of clinicians in need of decision support.

Joined-up healthcare makes information available when and where it is needed to improve safety, efficiency and effectiveness. Politicians may take interoperability between healthcare computer systems for granted, but it is non-trivial. Healthcare integration projects are notoriously under-estimated and come in over-budget and over-time. Joined-up healthcare depends on standards. The two leading standards are the SNOMED CT, which is a clinical terminology (semantics) and HL7 Version 3, which is a specialised healthcare interoperability language (syntax). Both unmet need for a book on Healthcare integration. Some health informatics textbooks include chapters on HL7 and/or SNOMED, but these are usually quite short and cannot provide even an adequate introduction. There is little of much value on the Internet, or in journals or conference proceedings.