In this issue

The health information ecosystem, technology to support more effective hospital discharge, data quality enables prediction of outcomes, and supporting better decision making

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Supporting the development of a health information ecosystem

The Editorial in this issue suggests that as the volume of information grows we need to think of new ways of maximising its potential to improve health care. The Editorial makes the case for promoting the development of intermediary processors of health information (IPHI) within a health information ecosystem.

The eco-system title reflects that these IPHI would interact with and ultimately have mutual dependencies within their environment. They might feedback to the data sources they collect data from improving data quality; they would provide a range of different services. Inevitably they would have a transformational impact on organisations with their ecosystem.

The Editorial makes the case for stimulating the development of IPHIs to drive up quality; a challenge for them is how to add value whilst preserving privacy.

Data quality to predict health outcomes

As the quality of routine data rises, so it will become increasingly possible to generate sufficient data to predict health outcomes. For example, the Editor has been part of an ecological study which estimated that around 40% of the variation in new cases of renal failure could be predicted from primary care data. In this issue Michael Staff demonstrates that around half of patients with type-2 diabetes have sufficient data in their electronic patient record to predict health outcomes. Obviously raising data quality in diabetes will increase the potential to predict health outcomes, and our next paper addresses this issue. We have recorded
in the pages of this journal, and subsequently within the diabetes literature, general medical literature – and even supported by a *British Medical Journal* (BMJ) Editorial – the importance of getting the diagnosis, classification and coding of diabetes right! In this issue we publish a consensus coding list, which suggests the best way to code diabetes.10–16

**Supporting better decisions**

We publish an important interpretive review of the evidence for decision support.17 The key findings are how benefits have been shown in terms of adherence to guidelines and the process of care – but there is much more limited evidence about outcomes and of risk. These findings show we have made limited progress over the last five years, with progress perhaps restricted to individual disease areas.18,19 Relevant to this gap in the evidence our next paper is a protocol for the investigation of the impact of e-guidelines for cardiovascular prevention in primary care.20 The final paper in this issue is another pilot, where investigators have just got on and used simple, readily available IT easily and cheaply. In this case they used iPads to run a video conferenced interpreter service.21 Simple, easy, straightforward and low cost!

**Tribute to Pete Horsfield**

This edition ends with a short tribute to Pete Horsfield, who contributed a great deal to primary care informatics and sadly died in September 2012. Box 1, contains a short acknowledgement of some of his contribution to informatics in primary care.

**Box 1 Pete Horsfield – Contribution to Primary Care Informatics**

Pete Horsfield was an active member of the Primary Health Care Specialist Group (PHCSG) of the British Computer Society (BCS). He made a big contribution to the development of primary care informatics; and was an instigator of the collection of health data from primary care. Pete died September 2012, having helped establish the Collecting Health Data from General Practice Project (CHDGP)22 and subsequently Primary Care Information Services (PRIMIS); an internationally recognised primary care data quality initiative.23

His roles in informatics included:

- Vice-Chair of PHCSG
- Lead roles in CHDGP and PRIMIS
- Clinical Adviser to the UK Connecting for Health and was sole author, from its outset, of the data requirements for the UK Quality and Outcomes Framework.

Around 10 years ago Pete authored an important paper in this journal about the value of routine data, one of his key contributory areas.24 He also supported research to use computer systems to improve patient safety.25 His most recent published paper on improving coding in diabetes is included in this issue.16

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