

CREATING AN ELECTRONIC MEDICAL CARD**P.Abdullaev, J.Zohidov**

Worldwide, healthcare fraud costs insurance authorities and companies hundreds of millions of dollars every year. With conventional systems based on paper or memory cards, it is difficult for authorities to ascertain whether the patient or user is actually the insured.

Electronic health cards are becoming an increasingly effective way of preventing fraud – particularly as they evolve towards more sophisticated identification mechanisms such as biometrics.

E-health cards have the potential to improve the patient experience by storing key medical data and medication history, and by serving as an electronic prescription. These cards can also be used to securely store social security numbers.

Given the sensitive nature of medical data stored on e-health cards, they must offer robust protection of privacy. Widespread adoption also calls for ease of administration and – most importantly – a mature telematics infrastructure to network all players in the care continuum and enable dynamic updates of data and functionality.

Partner of trust for today's eHC applications

As the world's leading provider of security solutions for government identification projects, we have enabled some 60% of all smart healthcare cards worldwide, consistently accelerating time to market through ease of deployment. Our **SLE 78 controller family**, for instance, was designed specifically to meet all e-healthcare requirements – from cost efficiency to future-proof storage capabilities extending over 10 years. Our platforms also support all standard cryptographic methods and key lengths to enable the integration of social or payment card capabilities in multi-application schemes.

An **electronic health record (EHR)** is the systematized collection of patient and population electronically stored health information in a digital format. These records can be shared across different health care settings. Records are shared through network-connected, enterprise-wide information systems or other information networks and exchanges. EHRs may include a range of data, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal statistics like age and weight, and billing information.

For several decades, electronic health records (EHRs) have been touted as key to increasing of quality care. Electronic health records are used for other reasons than charting for patients; today, providers are using data from patient records to improve quality outcomes through their care management programs. EHR combines all patients demographics into a large pool, and uses this information to assist with the creation of "new treatments or innovation in healthcare delivery" which overall improves the goals in healthcare. Combining multiple types of clinical data from the system's health records has helped clinicians identify and stratify chronically ill patients. EHR can improve quality care by using the data and analytics to prevent hospitalizations among high-risk patients.

EHR systems are designed to store data accurately and to capture the state of a patient across time. It eliminates the need to track down a patient's previous paper medical records and assists in ensuring data is up-to-date, accurate and legible. It also allows open communication between the patient and the provider, while providing "privacy and security."¹It can reduce risk of data replication as there is only one modifiable file, which means the file is more likely up to date and decreases risk of lost paperwork and is cost efficient. Due to the digital information being searchable and in a single file, EMRs (electronic medical records) are more effective when extracting medical data for the examination of possible trends and long term changes in a patient. Population-based studies of medical records may also be facilitated by the widespread adoption of EHRs and EMRs.

REFERENCES

1. Jalilovna Q. N. et al. HIMOYA GAZLARI MUHITIDA PAYVANDLASHDA MEHNAT MUHOFAZASI //Archive of Conferences. – 2021. – Т. 13. – №. 1. – С. 47-48.
2. Yusupov I. I. et al. TO REDUCE GLOBAL CLIMATE ISLAND FOCUSED LOCAL COOPERATION //Theoretical & Applied Science. – 2020. – №. 11. – С. 501-507.
3. Кабулова Н. Ж., Нарзиев Ш. М. ХОДИМЛАРНИНГ МЕХНАТИНИ МУҲОФАЗА ҚИЛИШ САМАРАДОРЛИГИНИ ОШИРИШ ЙЎЛЛАРИ //Здравствуйте, уважаемые участники международной научной и научно-технической конференции, дорогие гости!. – 2021. – С. 485.
4. Кабулова Н. Ж. Традиционно-национальный узбекский головной убор мужчин (тюбетейка-дуппи) ферганской долины //Universum: технические науки. – 2020. – №. 8-2 (77). – С. 10-12.
5. Mentges G. Textile legacies in motion. Introductory remarks //Modernity of Tradition: Uzbek Textile Culture Today. – 2013. – С. 7.