

INNOVATION SCIENCE AND TECHNOLOGY

ISSUE 8, PART 1 / AUGUST 2026

 Acceptance of papers



**Acceptance of
papers**

Published monthly



Topics

economics,
technology, social
sciences





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JOURNAL **"INNOVATION SCIENCE AND
TECHNOLOGY"** HAS BEEN REGISTERED
UNDER THE NUMBER **C-5669633** BY THE
AGENCY FOR INFORMATION AND MASS
COMMUNICATIONS (AOKA) OF THE
REPUBLIC OF UZBEKISTAN, EFFECTIVE
FROM OCTOBER 9, 2024.

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The scientific electronic journal "Innovation Science and Technology" has been included in the list of scientific publications recommended for the publication of main scientific results of dissertations for the award of PhD and DSc degrees in economics and technical sciences, in accordance with the Resolution No. 370 of the Presidium of the Higher Attestation Commission of the Republic of Uzbekistan, dated May 8, 2025.

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ASSESSING THE EFFECTIVENESS OF INTRODUCING UNIFIED DIGITAL DATA EXCHANGE STANDARDS IN THE HEALTHCARE SYSTEM

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Abstract: This article scientifically substantiated a contour-based methodology for evaluating the effectiveness of implementing unified digital data exchange standards in healthcare. The study structured resource, process, outcome, and management-effect contours as an interconnected system. International standards, national regulatory documents, and open statistical sources were used to systematize coverage, quality, and management indicators. The findings showed that standardized exchange improved data quality, reduced repetitive processes, accelerated decision-making, and strengthened continuity of healthcare services. The proposed approach provided a methodological basis for feeding monitoring results into investment planning, directing resources more efficiently, and consistently improving digital health standardization policy through measurable and comparable performance indicators. Linking indicators to automated data sources also improved assessment regularity and institutional comparability.

Keywords: digital health, data exchange, interoperability, standardization, monitoring, management effect, data quality, investment planning.

Annotatsiya: Mazkur maqolada sog'liqni saqlash tizimida yagona raqamli ma'lumotlar almashinuvi standartlarini joriy etish samaradorligini baholashning konturli metodikasi ilmiy jihatdan asoslandi. Tadqiqotda resurs, jarayon, natija va boshqaruv effekti konturlari o'zaro bog'liq tizim sifatida shakllantirildi. Xalqaro standartlar, milliy me'yoriy hujjatlar va ochiq statistik manbalar asosida qamrov, sifat va boshqaruv ko'rsatkichlari tizimlashtirildi. Natijalar standartlashtirilgan almashinuvi ma'lumotlar sifatini oshirgani, takroriy jarayonlarni qisqartirgani, qaror qabul qilishni tezlashtirgani va xizmatlar uzluksizligini kuchaytirganini ko'rsatdi. Taklif etilgan yondashuv monitoring natijalarini investitsion rejalashtirishga qaytarish, resurslarni samarali yo'naltirish va standartlashtirish siyosatini izchil takomillashtirish uchun metodik asos yaratdi. Ko'rsatkichlarni avtomatik ma'lumot manbalari bilan bog'lash baholashning muntazamligi, qiyoslanuvchanligi va ishonchiligidini oshirgan, muassasalar kesimida amaliy natijalarni kuzatish imkoniyatini kengaytirgan bo'yicha aniq tahliliy asos yaratgan.

Kalit so'zlar: raqamli sog'liqni saqlash, ma'lumotlar almashinuvi, interoperabellik, standartlashtirish, monitoring, boshqaruv effekti, ma'lumotlar sifati, investitsion rejalashtirish.

Аннотация: В статье была научно обоснована контурная методика оценки эффективности внедрения единых стандартов цифрового обмена данными в системе здравоохранения. В исследовании ресурсный, процессный, результативный и управленческий контуры были сформированы как взаимосвязанная система. На основе международных стандартов, национальных нормативных документов и открытых статистических источников были систематизированы показатели охвата, качества и управленческого эффекта. Результаты показали, что стандартизированный обмен повышал качество данных, сокращал повторяющиеся процессы, ускорял принятие решений и укреплял непрерывность медицинских услуг. Предложенный подход создал методическую основу для включения результатов мониторинга в инвестиционное планирование, эффективного распределения ресурсов и последовательного совершенствования политики стандартизации цифрового здравоохранения. Кроме того, связывание показателей с автоматизированными источниками данных повысило регулярность, сопоставимость и достоверность оценки, а также расширило возможности мониторинга практических результатов в медицинских учреждениях.

Ключевые слова: цифровое здравоохранение, обмен данными, интероперабельность, стандартизация, мониторинг, управленческий эффект, качество данных, инвестиционное планирование.

INTRODUCTION

The introduction of data exchange standards constitutes a distinct stage in the digital development of the healthcare system. The programme for the effective organization of the national digital healthcare system envisages, alongside the adoption of advanced technologies, the formation of a unified procedure for transmitting

data between systems [1]. Reforms directed at the effective organization of state governance in the sector set the task of raising the degree to which information flows serve management decisions [2].

Because the introduction of standards is a cost-intensive process, measuring its effectiveness carries methodological significance. International comparative statistics record that the diffusion of digital solutions in healthcare systems is associated with indicators of service performance [3]. A study of the large-scale adoption of electronic medical record systems showed that the technological readiness of institutions grows rapidly once institutional incentive measures are put in place [4].

In theoretical terms, an assessment of effectiveness must answer three questions. The first concerns how rationally resources were spent. The second concerns how processes changed. The third concerns how the quality of management decisions improved. The sequence of these questions defines the internal logic of the assessment scheme and distinguishes it from an ordinary technical report.

The aim of the article is to substantiate theoretically a contour-based scheme for assessing the effectiveness of introducing unified data exchange standards and to establish the composition of its indicators. The research tasks are: to identify the assessment contours; to define an indicator group for each contour; to link the indicators to data sources; and to substantiate the procedure for returning assessment results to the management process.

REVIEW OF LITERATURE ON THE SUBJECT

The scientific literature on the effectiveness of digital healthcare solutions has developed along three strands: reviews that generalize the benefits of technologies, studies that examine the organizational conditions of exchange practice, and documents that analyse standardization policy.

Within the first strand, a broad review of the impact of health information technologies established that the majority of findings are positive and showed that the magnitude of the effect depends on organizational conditions [5]. A subsequent systematic review confirmed that, under a meaningful-use regime, the positive influence of technologies on quality and safety indicators is recorded consistently [6]. A study of health information exchange practice substantiated that the sustainability of exchange networks depends on organizational agreements and on the financing model [7]. A review of the penetration of digital tools into clinical practice emphasized that the expansion of data flow renews diagnostic and monitoring processes [8].

The second strand relates to the technical content of the standards. The classical message-based exchange standard is still widely used for communication between modules inside an institution [9], while the modern resource-based specification has become the principal instrument for external integrations and mobile applications [10]. Integration profiles determine the order in which these standards are applied jointly in concrete scenarios [11].

The third strand covers decisions at the policy level. Regulatory requirements governing access to data serve to broaden exchange practice and reinforce the right of patients to reach their own records [12]. The minimum data set defined for the purpose of unifying exchange content serves as a reference point in measuring the outcome of standards implementation [13]. The classification of digital interventions groups different solutions by functional purpose and creates a common language for comparing indicators [14]. Reports of international cooperation platforms make it possible to compare national experience [15].

Among the methodological sources, the software product quality model [16] and the cybersecurity management framework [17] hold particular importance, since indicators of exchange quality and of protection form an inseparable part of the assessment scheme. The review shows that the technical aspects of standards implementation are well covered, whereas an integral scheme for measuring their management effect is rarely encountered.

RESEARCH METHODOLOGY

The research rested on the systematic analysis of documents, on comparative analysis and on contour modelling. The assessment scheme was constructed along the sequence resource - process - outcome - effect. This logic corresponds to international methodical approaches to planning and monitoring digital interventions [14].

Four criteria were applied in selecting indicators: measurability, availability of a data source, degree of connection with a management decision, and comparability over time. The quality characteristics were drawn from the software product quality model [16], while the protection indicators were linked to the functional groups of the cybersecurity management framework [17].

The data sources were divided into three types: technical logs of information systems, organizational reports of institutions, and sectoral statistical compilations. Open statistical publications [3] and materials of

cooperation platforms [15] were drawn upon for international comparison. The periodicity of assessment was considered in annual and quarterly modes.

Only verifiable open sources were used in the research; no approximate quantitative values were cited. The theoretical nature of the scheme allows it to be applied in adapted form across different institutions.

ANALYSIS AND RESULTS

The assessment scheme was formed as an integral structure of four contours. The resource contour covers the financial, technical and human resources expended on the introduction of standards. The process contour records changes in exchange practice. The outcome contour measures the quality and coverage of transmitted data. The management-effect contour assesses the improvement in the quality of decisions and returns the conclusions obtained to the planning process (Figure 1).

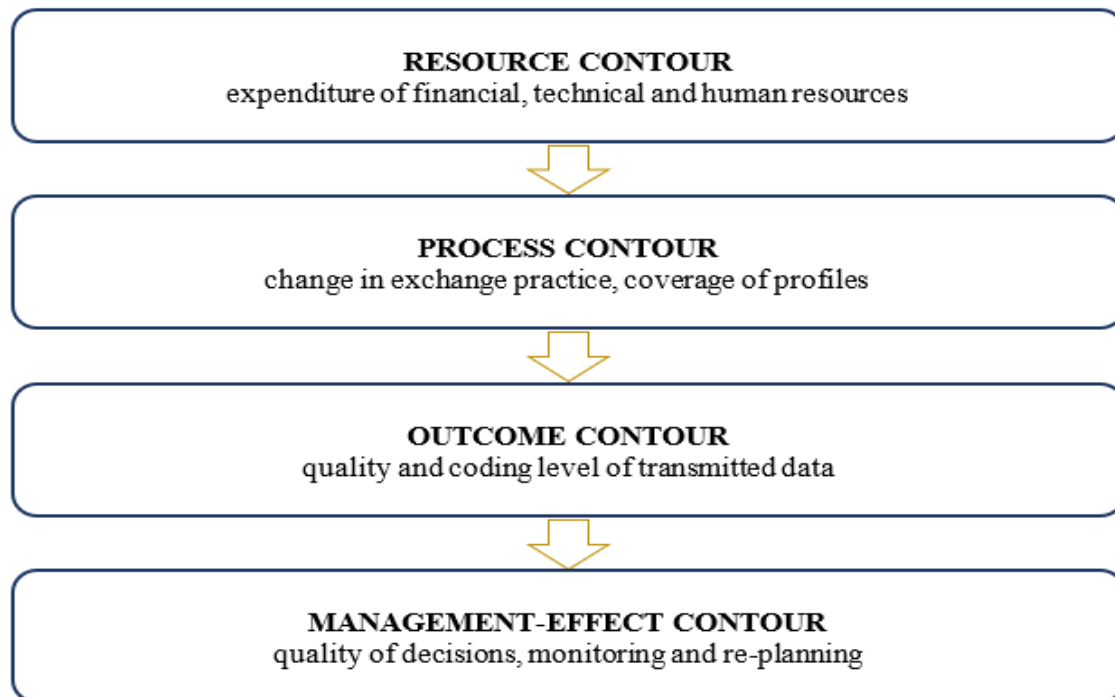


Figure 1. Contour-based scheme for assessing the effectiveness of introducing data exchange standards¹

The linkage between the contours is not unidirectional. The feedback running from the management-effect contour to the resource contour allows assessment results to be incorporated into the plans of the following period. Such a feedback mechanism serves to direct resources towards the areas yielding the highest return [5].

The composition of indicators was divided into three groups: coverage indicators, quality indicators and management indicators. The coverage group measures the share of institutions and data flows in which the standard is applied. The quality group reflects the schema conformity of transmitted records and their degree of coding [16]. The management group covers outcome measures such as the reduction of duplicated examinations and the change in decision-making time (Table 1) [6].

Table 1

Groups of indicators for assessing the effectiveness of standards implementation²

Contour	Indicator group	Content	Data source	Source
Resource	Expenditure and preparedness	Implementation costs, share of trained staff	Institutional reports; project documentation	[14], [15]
Process	Coverage indicators	Share of flows and profiles covered by the standard	Information system logs	[9], [10], [11]

¹ Source: compiled by the author on the basis of [5], [6], [7], [14], [16].

² Source: compiled by the author on the basis of the sources indicated in the table.

Outcome	Quality indicators	Degree of schema conformity, share of coded fields	Integration platform reports	[13], [16]
Management effect	Outcome measures	Dynamics of duplicated examinations, decision-making time, security incidents	Sectoral statistical compilations; security logs	[3], [12], [17]

Linking indicators to sources raises the reliability of the assessment. Values obtained from technical logs are collected automatically and remain free of subjective judgement. Organizational reports complete the resource contour, while sectoral statistical publications create the context for comparing results internationally [3].

The managerial value of standards implementation manifests itself through three channels. The first is a reduction in data collection costs: once a single format is adopted, reports are not re-entered. The second is a rise in the evidential grounding of decisions: complete and coded data become ready input material for analytical tools [10]. The third is a strengthening of service continuity: the transfer of records between institutions makes it possible to view the patient's treatment pathway as a whole [7].

The organizational basis for introducing an assessment system in the national context has taken shape. The programme for organizing the national digital healthcare system allows monitoring procedures to be established [1], while the document on improving governance assigns reporting and control functions to clearly defined units [2]. In international practice, publishing performance indicators alongside regulatory requirements that stimulate exchange has become a common rule [12]. The regulation on the European Health Data Space sets uniform requirements for electronic health record systems and places the conformity assessment procedure upon national competent authorities [18]. Recommendations of international financial institutions envisage linking the stages of prioritizing, connecting and scaling digital solutions to measurable results [19].

The analysis led to three conclusions. First, measuring effectiveness through coverage indicators alone does not yield a complete picture; without the quality and management groups the assessment remains superficial. Second, when indicators are tied to automatically collected sources, the regularity of assessment is secured. Third, only where a feedback mechanism exists does assessment become an instrument of management [5], [6].

CONCLUSIONS AND SUGGESTIONS

The research substantiated a contour-based scheme for assessing the effectiveness of introducing data exchange standards. The resource, process, outcome and management-effect contour jointly cover the entire chain of the implementation process and connect it with management decisions. The composition of the scheme corresponds to the global strategic directions for developing digital health.

The three-group composition of indicators makes the assessment fit for practical application. Because the coverage, quality and outcome measures rest on different data sources, they can be cross-checked against one another. The technical base of the standards is developed to a degree sufficient for computing the indicators automatically.

The recommendations are as follows. First, it is expedient to approve a unified list of assessment indicators at the sectoral level and to publish the methodology for calculating them. Second, introducing a procedure for collecting indicators automatically from integration platform logs would reduce the reporting burden. Third, defining a minimum mandatory data set would sharpen the measures of the outcome contour.

Fourth, incorporating assessment results formally into the annual investment planning process would reinforce the feedback mechanism [14]. Fifth, including protection indicators in the composition of the assessment would raise the reliability of data exchange. Sixth, comparing indicators within international cooperation provides a useful benchmark for updating the national methodology.

A direction for further research is the consolidation of the indicator groups into a single integral index and the study of its statistical properties. Such an index would broaden the possibilities of comparing institutions and of tracking the influence of standardization policy over time.

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Proofreader: Zokir ALIBEKOV

Layout and Designer: Oloviddin Sobir ugli

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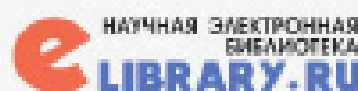
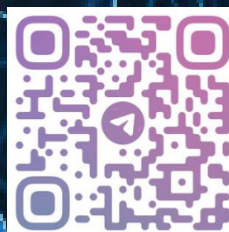
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