HIT Glossary and Acronym List

FACT SHEET

November 2011

ACA

Patient Protection and Affordable Care Act (see PPACA).

ACO

Accountable Care Organization: A group of health care providers (e.g. primary care, physicians, specialists and hospitals, and potentially others) that have entered into a formal arrangement to assume collective responsibility for the cost and quality of care of a specific group of patients and that receive financial incentives to improve the quality and cost effectiveness of health care.

AF4Q

Aligning Forces for Quality – a quality improvement initiative funded by the Robert Wood Johnson Foundation; the National Partnership provides technical assistance to the initiative related to consumer engagement.

ARRA

American Recovery and Reinvestment Act of 2009, which includes provisions and funding for the advancement of health IT (collectively known as HITECH – see below). Also known as the Recovery Act or Stimulus Bill.

Beacon Communities

17 communities that have been awarded federal funding to build and strengthen their health IT infrastructure and exchange capabilities to demonstrate the vision of meaningful health IT. Specifically they aim to improve care coordination, quality of care, and slow the growth of health care spending and will focus on specific and measurable improvement goals in quality, cost-efficiency, and population health, to demonstrate the ability of health IT to transform local health care systems.

Bidirectional communication

The imparting or exchanging of information between two parties, with each party providing information, and each receiving information.

Blue Button

Capability for consumers to download their health information to a personal computer or device, ideally through a single click on a web-based 'blue button'.

CAHPS

Consumer Assessment of Healthcare Providers and Systems – a suite of surveys used to assess consumer experience of health care.

Care Transitions

The movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.

Certified EHR Technology

In order to become a "meaningful user" and qualify for federal incentive payments, doctors and hospitals must use an EHR that has been officially certified by an ONC-approved testing body.

Claims data

Aggregated, de-identified data on payment claims made by Medicare providers.

Clinical decision support
A process for enhancing health-related decisions and actions with pertinent, organized evidence-based knowledge and patient information; also known as CDS.

CMS
Centers for Medicare & Medicaid Services – federal agency based in HHS, responsible for (among other things) overseeing the Medicare and Medicaid EHR incentive program.

Consumer
An individual who has significant personal experience with the health care system, either as a patient or caregiver.

Consumer Advocate
Individuals who work at nonprofit, mission oriented organizations that represent a specific constituency of consumers or patients. Their primary emphasis is on the needs and interests of consumers and patients, and they typically do not derive their livelihood from the health care system.

Consumer engagement
Process through which an individual participates in his or her own health care by harmonizing robust information and professional advice with their own needs, preferences and abilities in order to prevent, manage, and cure disease.

Consumer Representative
See 'Consumer Advocate.'

CPeH
Consumer Partnership for eHealth – a coalition of consumer, patient and labor organizations working to advance consumer engagement in health IT on national, state and communities levels; convened by the National Partnership for Women & Families.

Demographic data collection
Information related to race, gender, ethnicity, primary language and other demographic data that can highlight disparities or help target particular health needs.

Disparities/Health Disparities
Differences in the state or quality of health between different groups of people defined, for example by their race, ethnicity, primary language, or gender.

EHR
Electronic Health Record, set up and controlled by a doctor or hospital.

E-prescribing
Electronic transmission of prescription information from the prescriber's computer to a pharmacy computer. It replaces a paper prescription that the patient would otherwise carry or fax to the pharmacy, and often includes drug interaction and allergy warnings to improve quality.

FACA
Federal Advisory Committee Act: legislation that controls when a federal advisory committee can be created and how it should conduct its business; the hallmark of a FACA committee is the requirement of transparency and public input.

Governance
Structures, policies and procedures that guide decision making and implementation of policies; can also include oversight and enforcement functions.

Health literacy
The degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

HHS
Federal department of health and human services.

HIE
Health Information Exchange – verb: the electronic movement of health-related data and information among organizations according to agreed-upon standards, protocols and other criteria. Noun: the state or local entity responsible for health information exchange.

HIPAA
Health Insurance Portability and Accountability Act of 1996, which includes rules that govern the privacy and security of individually-identifiable health information.

HIT
Health Information Technology - Health information technology makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information.

HITECH Act
Health Information Technology for Economic and Clinical Health Act – a title of ARRA that includes health IT provisions, including grant funding and incentives to stimulate the adoption of health IT. Also includes significant modifications to HIPAA designed to strengthen privacy and security protections.

HITPC
Health Information Technology Policy Committee – Federal Advisory Committee (FACA) created by HITECH to advise the National Coordinator for Health Information Technology on federal policy issues.

HITSC
Health Information Technology Standards Committee – Federal Advisory Committee (FACA) created by HITECH to advise the National Coordinator for Health Information Technology on standards for Health IT.

Interoperability
The ability of health information systems to share information within and across organizational boundaries.

IOM
Institute of Medicine: an independent, nonprofit organization that aims to provide unbiased and authoritative advice to decision makers and the public.

Joint Commission
An independent, not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States.

Longitudinal view of care
Continuous and comprehensive observation or examination of a patient's health and medical treatments over an extended period of time.

Meaningful Use
In order to qualify for incentives for health IT adoption, providers need to show they are using "certified EHR technology" in ways that improve the quality of care, individual access to health information, and the health of populations.

Medicaid
State-run but federally-supported program of health insurance for low income individuals.

Medicare
Federal entitlement program that funds health care for those aged 65 and over, as well as for individuals who are disabled or on dialysis.

Misuse
Delivering care in a way that is harmful, such as the wrong treatment for a particular condition. One of the 'trio of quality problems: overuse, underuse and misuse' identified by the IOM's National Roundtable on Health Care Quality.

MU
See Meaningful Use.

NCQA
National Committee for Quality Assurance – organization that develops quality standards and performance metrics; NCQA also offers various accreditation programs based on quality of care.

NeHC
National eHealth Collaborative –formerly AHIC Successor, Inc. A public-private partnership devoted to "development of a secure, interoperable, nationwide health information system." Established and funded through a grant from ONC.

NPP
National Priorities Partnership – Project convened by the National Quality Forum working to develop consensus on and advance health priorities for the nation.

NQF
National Quality Forum – a membership organization working to build consensus on national priorities and goals for performance improvement and working in partnership to achieve them; NQF also endorses national consensus standards for measuring and publicly reporting on performance and promotes the attainment of national goals through education and outreach programs.

ONC
Office of the National Coordinator – federal office based in HHS, established in 2004 to develop a nationwide health information network that connects medical providers and coordinates patient care. The office and position of the National Coordinator for Health IT were codified by HITECH.

Outcomes measures
Measures that indicate the performance, effectiveness or quality of healthcare systems by systematically recording actual end results of care.

Overuse

Providing unnecessary care whose use is not grounded in evidence. One of the 'trio of quality problems: overuse, underuse and misuse' identified by the IOM's National Roundtable on Health Care Quality.

Patient-Centered Care
The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one's person, circumstances and relationships in health care. (see "What Patient-Centered Should Mean: Confessions of an Extremist," by Don Berwick.

PHR
Personal Health Record. A health record created and controlled by the consumer. In some cases, PHRs are or can be linked to a health care provider's electronic health record.

Point of care
The time and place of care being given to the patient, from the healthcare provider.

Process Measures
Way of measuring the performance, effectiveness or quality of healthcare systems by systematic recording of the achievement of processes through which health care is delivered.

PPACA
Patient Protection and Affordable Care Act of 2010 (also known as ACA and the Health Reform Law).

Public reporting
Publicizing performance information related to individual health care providers in order to assist consumers to choose the right provider for them.

QIO
Quality Improvement Organizations –organizations in each state and US territory that are funded through the Medicare Trust Fund that work with health care providers to improve the quality of their care

Real time data
Data which is current, rather than reported periodically

REC
Regional Extension Centers – centers across the country created by grants from the federal government (provided by HITECH) to assist small physician practices in acquiring and meaningfully using certified Electronic Health Records.

Risk adjustment
Method of standardizing health insurance premiums and/or bundled payments to providers on the basis of the likely health care needs of covered individuals or groups. Risk adjustment will be governed by federal rules under the ACA.

RFC
Request for public comment on proposed rules before they are finalized.

Rules
Federal regulations which specify how legislation should be implemented. Rules may be proposed (publication of a rule intended to be issued), interim (a rule that must be implemented but is

expected to be revised e.g. in the light of developing experience and input) or final (a rule that is not expected to be revised in the near future). Rules may also be amended. See also RFC.

Stimulus Act/Bill
See ARRA.

Underuse
Failure to provide care whose benefits are clearly grounded in evidence. One of the 'trio of quality problems: overuse, underuse and misuse' identified by the IOM's National Roundtable on Health Care Quality.

The National Partnership for Women & Families is a non-profit, non-partisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.nationalpartnership.org.

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