

Glossary of Selected Terms and Acronyms

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Minnesota e-Health Initiative Advisory Committee
and the
Minnesota Department of Health



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MN e-Health Glossary of Selected Terms¹

AAFP (American Academy of Family Physicians): The AAFP is the national association of family doctors. It is one of the largest national medical organizations, with more than 94,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. **Reference:** <http://www.aafp.org/>

AAP: American Academy of Pediatrics, the professional association for pediatricians (physicians who treat children). **Reference:** www.aap.org

ACP: American College of Physicians, the professional association for physicians who practice general internal medicine and for those in related subspecialties, including cardiology (heart), gastroenterology (digestive system), nephrology (kidney), endocrinology (glands), hematology (blood), rheumatology (muscles or joints), neurology (brain and nervous system), pulmonary (lung) disease, oncology (cancer), infectious diseases, allergy and immunology, and geriatrics (elderly). **Reference:** www.acponline.org

ADE (Adverse Drug Event): An Adverse Drug Event is an injury resulting from medical intervention related to a drug. Does not necessarily imply medical error; ADEs can include non-preventable incidents such as adverse reactions to properly prescribed drugs (see ADR), as well as preventable incidents due to improper prescribing or other errors.

ADR (Adverse Drug Reaction): An Adverse Drug Reaction is a complication caused by use of a drug in the usual (i.e. correct) manner and dosage.

Adverse Event: An adverse event is an injury caused by medical management, rather than by the underlying condition of the patient.

AHIC (American Health Information Community): AHIC is a federally-chartered commission that provides input and recommendations to the federal Department of Health and Human Services on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way. **Reference:** <http://www.hhs.gov/healthit/ahic.html>

AHIMA (American Health Information Management Association): AHIMA is a professional association that provides medical records professionals with educational resources and programs. **References:** <http://test.ahima.org/index.asp> <http://www.mnhima.org/>

AHRQ (Agency for Healthcare Research and Quality): AHRQ is the lead federal agency for research on health care quality, costs, outcomes, and patient safety. It sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. **Reference:** <http://www.ahrq.gov/about/budgtix.htm>

AMA (American Medical Association): The AMA is a legislative advocacy organization that unites physicians nationwide to work on important professional and public health issues. **Reference:** <http://www.ama-assn.org/>

AMIA (American Medical Informatics Association): AMIA is a professional group dedicated to the development and application of medical informatics in support of patient care, teaching, research, and health care administration. **Reference:** <http://www.amia.org/mbrcenter/>

ANSI (American National Standards Institute): ANSI is a private, non-profit organization that administers and coordinates the U.S. voluntary standardization and conformity assessment system. The Institute's mission is to enhance both the global competitiveness of U.S. business and the U.S. quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems, and safeguarding their integrity. **Reference:** <http://www.ansi.org/> See also: HITSP.

APHA (American Public Health Association) <http://www.apha.org/>

APHL (Association of Public Health Laboratories) <http://www.aphl.org/>

ASTHO (Association of State and Territorial Health Officials) <http://www.astho.org/>

Audit trail: Chronological record of system activity which enables the reconstruction of information regarding the creation, distribution, modification, and deletion of data. **Reference:** <http://www.ehealthinitiative.org/>

Authentication: Verification of the identity of a person or process. **Reference:** <http://www.ehealthinitiative.org/>

Authorization: The role or set of permissions for information system activity assigned to an individual. **Reference:** <http://www.ehealthinitiative.org/>

Best Practice: A technique or methodology that, through experience and research, has shown to reliably lead to a desired result. **Reference:** <http://www.phii.org/>

Biometric Authentication Technology: Technology that uses some human biological feature (e.g. fingerprint, voice pattern, retina scan, or signature dynamics) to uniquely identify an individual. **Reference:** <http://www.ehealthinitiative.org/>

BioSense: BioSense is the national program designed to improve the nation's capabilities for real-time biosurveillance and situational awareness at a time when the vast number of health-related information systems that exist nationally vary in their ability to share data to support immediate biosurveillance needs. **Reference:** <http://www.cdc.gov/biosense/>

BSV (Biosurveillance)

Business Case: A structured proposal for business improvement that functions as a decision package for organizational decision-makers. A business case includes an analysis of business process performance and associated needs or problems, proposed alternative solutions, assumptions, constraints, and a risk-adjusted cost-benefit analysis. **Reference:** Interoperability Clearinghouse Glossary of Terms, <http://www.ichnet.org/glossary.htm>

Business Practice: Habitual or customary actions or acts in which an organization engages. Also used in the plural to describe a set of business operations that are routinely followed. **Reference:** <http://www.phii.org/>

Business Process: A set of related work tasks designed to produce a specific desired programmatic (business) result. The process involves multiple parties internal or external to the organization and frequently cuts across organization boundaries. **Reference:** <http://www.phii.org/>

Business Process Analysis: The effort to understand an organization and its purpose while identifying the activities, participants and information flows that enable the organization to do its work. The output of the business process analysis phase is a model of the business processes consisting of a set of diagrams and textual descriptions to be used for design or redesign of business processes. **Reference:** <http://www.phii.org/>

Business Process Redesign: The effort to improve the performance of an organization's business processes and increase customer satisfaction. Business process redesign seeks to restructure tasks and workflow to be more effective and more efficient. **Reference:** <http://www.phii.org/>

Business Rules: A set of statements that define or constrain some aspect of the business process. Business rules are intended to assert business structure or to control or influence the behavior of the health agency (business). **Reference:** <http://www.phii.org/>

CC (Chronic Care)

CCBH (Connecting Communities for Better Health) <http://www.connectingcommunitiesprogram.org/>
See also: <http://www.ehealthinitiative.org/>

CCHIT (Certification Commission for Healthcare Information Technology)

A voluntary, private-sector organization launched in 2004 to certify health information technology (HIT) products such as electronic health records and the networks over which they interoperate. **Reference:** www.cchit.org

CCR (Continuity of Care Record):

CCR is a document standard that functions as an ongoing record of a patient's care. The CCR is intended to foster and improve continuity and quality of patient care when a patient is referred, transferred, or otherwise goes from one provider to another. The CCR is a standard specification being developed by the Continuity of Care Record (CCR) Workgroup of ASTM International, Committee E31 on Health Informatics. **Reference:** <http://ccbh.ehealthinitiative.org/communities/faqs.aspx?Category=153>

CDC (Centers for Disease Control and Prevention):

CDC is the federal agency charged with protecting the health and safety of U.S. citizens, both at home and abroad. Oversees the development and application of programs for disease prevention and control, environmental health, and health promotion and education. **Reference:** <http://www.cdc.gov/> *See also: PHIN, MN-PHIN*

CDISC (Clinical Data Interchange Standards Consortium)

CDS (Clinical Decision Support): CDS refers broadly to providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care. Clinical knowledge of interest could range from simple facts and relationships to best practices for managing patients with specific disease states, new medical knowledge from clinical research and other types of information. **Reference:** http://www.himss.org/ASP/topics_clinicalDecision.asp

CE (Consumer Empowerment)

Certification/Conformance Testing: Testing a product for the existence of specific features, functions, or characteristics required by a standard in order to determine the extent to which that product satisfies the standard requirements. **Reference:** <http://www.ehealthinitiative.org/>

CHC (Community Health Centers)

CHI (Consolidated Health Informatics): One of the 24 Presidential eGovernment initiatives with the goal of adopting vocabulary and messaging standards to facilitate communication of clinical information across the federal health enterprise, enabling all agencies to “speak the same language” based on common enterprise-wide business and information technology architectures. **Reference:**

<http://www.hhs.gov/healthit/glossary.html> <http://www.whitehouse.gov/omb/egov/c-3-6-chi.html> See

also: *FHA*

Clinical Classification: A method of grouping clinical concepts in order to represent classes that support the generation of indicators of health status and health statistics. **Reference:**

<http://www.ehealthinitiative.org/>

Clinical Data Repository: The data warehouse that contains clinical data (HL7 messages) centrally.

Reference: <http://www.ehealthinitiative.org/>

Clinical Messaging: The communication among providers involved in the care process that can range from real time communication (for example, fulfillment of an injection while the patient is in the exam room), to asynchronous communication (for example, consult reports between physicians). **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004.

<http://www.hl7.org/ehr/downloads/index.asp>

Clinical Messaging #1: Continuity of Care Data Exchanges (Inter-Provider Communication):

Communication among providers involved in the care process can range from real time communication (for example, fulfillment of an injection while the patient is in the exam room), to asynchronous communication (for example, consult reports between physicians). Some forms of inter-practitioner communication will be paper based and the EHRS must be able to produce appropriate documents.

Reference: Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004.

<http://www.hl7.org/ehr/downloads/index.asp>

Clinical Messaging #2: Secure Patient/Physician e-mail (Provider and Patient or Family

Communication): Trigger or respond to electronic communication (inbound and outbound) between providers and patients or patient representatives with pertinent actions in the care process. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July

2004. <http://www.hl7.org/ehr/downloads/index.asp>

Clinical Reminders (Clinical Guideline Prompts): The ability to remind clinicians to consider certain actions at a particular point in time, such as prompts to ask the patient appropriate preventive medicine questions, notifications that ordered tests have not produced results when expected, and suggestions for certain therapeutic actions, such as giving a tetanus shot if one has not been given for 10 years.

Reference: eHealth Initiative Foundation. "Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations." Washington: eHealth Initiative Foundation, 2005. <http://www.ehealthinitiative.org/>

Clinical User Authentication: The process used by the HIE to determine the identity of the person accessing the system with adequate certainty to maintain security and confidentiality of personal health information and to administer with certainty of identity a regulated process such as e-prescribing and chart signing. **Reference:** <http://www.ehealthinitiative.org/>

CMS (Centers for Medicare and Medicaid Services): CMS is the federal agency that administers Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP). CMS, formerly known as HCFA, is part of the federal Department of Health and Human Services (HHS). **Reference:** <http://www.cms.hhs.gov/>

Confidentiality: A 3rd party's obligation to protect the personal information with which it has been entrusted. **Reference:** <http://www.ehealthinitiative.org/>

Controlled Clinical Vocabulary: A system of standardizing the terms used in describing client-centered health and health service-related concepts. **Reference:** <http://www.ehealthinitiative.org/>

Common Ground: A project that aims to change how public health information systems are conceived and developed by:

- helping agencies develop new information system requirements that are more effective and that streamline the delivery of essential public health services; and
- minimizing duplicative efforts by identifying common business processes and information system requirements that are applicable across the public health field.

Reference: <http://www.health.state.mn.us/e-health/commgrd/index.html>

Computerized Provider Order Entry (CPOE): CPOE is a computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems. **Reference:** United States Department of Health and Human Services. Office of the National Coordinator for Health Information Technology (ONC) Glossary: <http://www.hhs.gov/healthit/glossary.html>.

CPRS (Computerized Patient Record System)

DHHS (Department of Health and Human Services) <http://www.hhs.gov/> *See also: HHS*

Decision Support: Computerized functions that assist users in making decisions in their job functions. In the practice of medicine, these functions include providing electronic access to medical literature, alerting the user to potential adverse drug interactions, and suggesting alternative treatment plans for a certain diagnosis. **Reference:** <http://www.ehealthinitiative.org/> *See also: DSS (Decision Support System)*

Demographics: Information about name, address, age, gender, and role used to link patient records from multiple sources in the absence of a unique patient identifier. **Reference:** <http://www.ehealthinitiative.org/>

DICOM (Digital Imaging Communications in Medicine): A standard which defines protocols for the exchange of medical images and associated information (such as patient identification details and technique information) between instruments, information systems, and health care providers. It establishes a common language that enables medical images produced on one system to be processed and displayed on another. **Reference:** <http://www.ehealthinitiative.org/>

Digital Signature: A string of binary digits which is computed using an encryption algorithm. Digital signatures enable signatory authentication, confirmation of data integrity, and non-repudiation of messages. **Reference:** <http://www.ehealthinitiative.org/>

DISA (Data Interchange Standards Association) <http://www.disa.org/>

Disease management: Disease management is a coordinated and proactive approach to managing care and support for patients with chronic illnesses such as diabetes, congestive heart failure, asthma, HIV/AIDS, and cancer. *See also: E-disease management.*

DoD (Department of Defense)

DOQ-IT (Doctors' Office Quality Information Technology): DOQ-IT promotes the adoption electronic health records systems and information technology (IT) in small-to-medium sized physician offices with a vision of enhancing access to patient information, decision support, and reference data, as well as improving patient-clinician communications. **Reference:** <http://www.centerforhit.org/x255.xml>
See also: Stratis Health.

DSS (Decision-Support System) – DSS refers to Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient-specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease. Information should be presented in a patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement. **Reference:** <http://www.hhs.gov/healthit/glossary.html> *See also: Decision Support*

EA (Enterprise Architecture): EA is a strategic resource that aligns business and technology, leverages shared assets, builds internal and external partnerships, and optimizes the value of information technology services. **Reference:** <http://www.hhs.gov/healthit/glossary.html>

EBM (Evidence-Based Medicine): EBM is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research and patient values and expectations. **Reference:** <http://www.cebm.net/glossary.asp> <http://gim.dom.uab.edu/education/conferences/slides/2003-2004/071503.pdf>

E-disease management: E-disease management is the use of Web-based technology in support of disease management to provide patient-clinician communication, patient access to information, and patient self-management. *See also: Disease management.*

ED (Emergency Department)

EDI (Electronic Data Interchange): EDI is a direct exchange of data between two computers via the Internet or other network, using shared data formats and standards.

E-encounter: An E-encounter is a type of physician-patient electronic communication that is a two-way exchange of clinical information revolving around a particular clinical question or problem specific to the patient. Either the patient or the caregiver may initiate it.

e-Health (Electronic Health): e-Health is the use of information technology to improve the delivery of health care. e-Health is an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through technologies. In a broader sense, the term characterizes a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide by using information and communication technology. **Reference:** <http://www.jmir.org/2001/2/e20/>

eHealth Initiative (National e-Health Initiative Foundation)

The eHealth Initiative and the Foundation for eHealth Initiative are independent, non-profit affiliated organizations engaging multiple and diverse stakeholders (e.g. public and private clinical and public health organizations, academic and research institutions, industry, etc) to define and then implement specific actions that will address the quality, safety and efficiency challenges of our healthcare system through the use of interoperable information technology. **Reference:** <http://www.ehealthinitiative.org>

EHR (Electronic Health Record):

- An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

Reference: The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, April 2008. http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

- EHR is a real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision-making. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting. EHR is considered more comprehensive than the concept of an Electronic Medical Record (EMR). **Reference:** <http://www.hhs.gov/healthit/glossary.html>

EHRVA (Electronic Health Records Vendors Association)

eLaboratory: The electronic delivery of laboratory results to practices so that such data may be integrated into electronic patient records in a full EHR system, or used by a dedicated application to view structured, context-rich, and/or longitudinal laboratory results on a patient. eLaboratory includes closing the orders loop, documenting the review of results by clinicians, and documenting that the results have been communicated to the patient. The full benefits of eLaboratory are not achieved until the results are used as input into clinical decision support systems (CDSS). **Reference:** <http://www.ehealthinitiative.org/>

EMR (Electronic Medical Record)

An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

Reference: The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, April 2008. http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

Electronic Billing (Claims, Eligibility, Remittance): The ability to contact the payer before the patient is seen and get a response that indicates whether or not the services to be rendered will be covered by the payer. **Reference:** eHealth Initiative Foundation. "Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations." Washington: eHealth Initiative, 2005. <http://www.ehealthinitiative.org>

Electronic Prescribing (Pharmacy Communication): Provides features to enable secure bidirectional communication of information electronically between practitioners and pharmacies or between practitioner and intended recipient of pharmacy orders. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004. <http://www.hl7.org/ehr/downloads/index.asp>

Electronic Quality Data Submission (Performance and Accountability Measures): Support the capture and reporting of quality, performance, and accountability measures to which providers/facilities/delivery. (eHI)

Electronic Referral Management: The ability to generate and/or receive summaries of relevant clinical information on a patient that are typically transferred between healthcare providers when a patient is referred to a specialist or admitted or discharged from a hospital. **Reference:** eHealth Initiative Foundation. "Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations." Washington: eHealth Initiative Foundation, 2005. <http://www.ehealthinitiative.org>

Electronic Signature: A digital signature, which serves as a unique identifier for an individual. **Reference:** <http://www.ehealthinitiative.org/>

Encryption: Encryption is the translation of data into a code in order to keep the information secure from anyone but the intended recipient. The definition here is different than that of HIPAA. The HIPAA definition can be found at: 45 CFR §160.103 **Reference:** <http://www.dhhs.gov/ocr/AdminSimpRegText.pdf>

Encryption: The process of enciphering or encoding a message so as to render it unintelligible without a key to decrypt (unscramble) the message. **Reference:** <http://www.ehealthinitiative.org/>

e-Prescribing: Provides features to enable secure bidirectional communication of information electronically between practitioners and pharmacies or between practitioner and intended recipient of pharmacy orders. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004. <http://www.hl7.org/ehr/downloads/index.asp> See also: *Electronic Prescribing*

ER (Emergency Room)

eRX (See also e-Prescribing): eRX is a type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. E-Prescribing software can be integrated into existing clinical information systems to allow physician access to patient-specific information to screen for drug interactions and allergies. **References:** <http://www.hhs.gov/healthit/glossary.html>

FACA (Federal Advisory Committee Act)

FDA (Food and Drug Administration)

FHA (Federal Health Architecture): FHA is a collaborative body composed of several federal departments and agencies, including the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the Department of Veterans Affairs (VA), the Environmental Protection Agency (EPA), the United States Department of Agriculture (USDA), the Department of Defense (DoD), and the Department of Energy (DOE). FHA provides a framework for linking health business processes to technology solutions and standards, and for demonstrating how these solutions achieve improved health performance outcomes. **Reference:** <http://www.hhs.gov/healthit/glossary.html>

FORE (Foundation of Research and Education – Part of the AHMA; works for ONC)

Formulary: A formulary is a list of medications (both generic and brand names) that are covered by a specific health insurance plan or pharmacy benefit manager (PBM), used to encourage utilization of more cost-effective drugs. Hospitals sometimes use formularies of their own, for the same reason.

Geographical Information Systems (GIS)

GIS is a collection of computer hardware, software, and geographic data for capturing, managing, analyzing, and displaying all forms of geographically referenced information. The leading developer of GIS is ESRI. ESRI GIS provides a common analytical framework in which public health authorities can understand problems and formulate a response, improving incident management and health planning.

References: www.GIS.com or www.ESRI.com

HAN (Health Alert Network): HAN is a communication system used by the CDC to exchange disease information with state and local health departments. **Reference:**

<http://www.phppo.cdc.gov/HAN/Index.asp>

Handheld: A handheld is a portable computer that is small enough to hold in one's hand. Used to refer to a variety of devices ranging from personal data assistants, such as Palm and Visor models, to more powerful devices that offer many of the capabilities of desktop or laptop computers. Handhelds are used in clinical practice for such tasks as ordering prescriptions, accessing patients' medical records and documenting patient encounters.

Harmonization: Harmonization means making identical or minimizing the differences between standards or related measures of similar scope.

Health Care Interoperability: Assures the clear and reliable communication of meaning by providing the correct context and exact meaning of the shared information as approved by designated communities of practice. This adds value by allowing the information to be accurately linked to related information, further developed and applied by computer systems and by care providers for the real-time delivery of optimal patient care. **Reference:** <http://www.ehealthinitiative.org/>

Health Informatics: The use of the principles and practices of computer science in addressing the problems of health care. An interdisciplinary field of scholarship that applies computer, information, management and cognitive sciences to promote the effective and efficient use and analysis of information to improve the health of individuals, the community and society. *See also: Informatics.* **Reference:** Adapted from the University of Minnesota, Health Informatics program:

<http://www.hinfgrad.umn.edu/mhi/background.html>

Health Information Exchange (HIE)

- The electronic movement of health-related information among organizations according to nationally recognized standards.

Reference: The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, April 2008. http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

- The mobilization of healthcare information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. **Reference:** eHealth Initiative. "Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations." Washington: eHealth Initiative, 2005.

Health Information Technology (HIT): HIT is the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. **Reference:** <http://www.hhs.gov/healthit/glossary.html>

Health Level 7 (HL7): HL7 is a standard interface for exchanging and translating data between computer systems. HL7 is also a not-for-profit organization accredited by the American National Standards Institutes (ANSI) that develops standards for data transfer. **Reference:** <http://www.hl7.org/>

HHS (Department of Health and Human Services): HHS is the principal U.S. agency responsible for protecting the health of citizens. HHS is responsible for more than 300 services, including overseeing medical and social science research, preventing outbreaks of infectious disease, assuring food and drug safety, and providing financial assistance for low-income families. HHS oversees CMS. *See also: DHHS* **Reference:** <http://www.hhs.gov/>

HIMSS (Healthcare Information and Management Systems Society): HIMSS is the healthcare industry's membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of human health. **References:** <http://www.himss.org/ASP/aboutHimssHome.asp> <http://www.himss-mn.org/>

HIPAA (Health Insurance Portability and Accountability Act of 1996): HIPAA is a federal law intended to improve the portability of health insurance and simplify health care administration. HIPAA sets standards for electronic transmission of claims-related information and for ensuring the security and privacy of all individually identifiable health information. **References:** The CMS website for HIPAA is <http://www.cms.hhs.gov/HIPAAGenInfo>. The Office for Civil Rights (the Enforcer of HIPAA Privacy) website under HIPAA is <http://www.dhhs.gov/ocr/hipaa>. The HIPAA Regulations are available at: <http://www.dhhs.gov/ocr/AdminSimpRegText.pdf>.

HISPC (Health Information Security and Privacy Collaboration)

Established in June 2006 by RTI International through a contract with the U.S. Department of Health and Human Services (HHS), the Health Information Security and Privacy Collaboration (HISPC) originally comprised 34 states and territories. As phase 3 of the HISPC begins in April 2008, HISPC now comprises 42 states and territories, and aims to address the privacy and security challenges presented by electronic health information exchange through multistate collaboration. Each HISPC participant continues to have the support of its state or territorial governor and maintains a steering committee and contact with a range of local stakeholders to ensure that developed solutions accurately reflect local preferences. **Reference:** <http://privacysecurity.rti.org/>

HITPC (Health Information Technology Policy Council)

HITSP (Healthcare Information Technology Standards Panel): HITSP is a panel established by ANSI that assists in achieving widely-accepted and readily-implemented consensus-based standards that will enable and support widespread interoperability among healthcare information technology, especially as they would interact in a Nationwide Health Information Network (NHIN) for the United States. **Reference:** http://www.ansi.org/standards_activities/standards_boards_panels/hisb/hitsp.aspx?menuid=3

Home Monitoring: Home monitoring is the use of physiologic monitors to assess patient status in the home. In some cases, results can be transmitted electronically to a case manager or physician.

Home Telehealth: Home telehealth is a service that uses information and telecommunications technologies to give the clinician the ability to monitor and measure health data and obtain information from patients located at home for diagnostics, monitoring, and clinical care.

HRSA (Health Resources and Services Administration)

ICD-9 (International Classification of Disease, 9th Revision): The 1972 revision of the international disease classification system developed by the World Health Organization.

ICD-9-CM (International Classification of Disease, 9th Revision, Clinical Modification): The American modification of the ICD-9 classification system for both diagnoses and procedures. **Reference:** <http://www.ehealthinitiative.org/>

ICD-10 (International Statistical Classification of Diseases and Related Health Problems, 10th Revision): The 1992 revision of the international disease classification system developed by the World Health Organization.

ICD-10-CM (International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification): The American modification of the ICD-10 classification system, for field review release in 1998. **Reference:** <http://www.ehealthinitiative.org/>

IFMC (Iowa Foundation for Medical Informatics)

IHS (Indian Health Service)

Informatics: The application of computer science and information science to the management and processing of data, information, and knowledge. Also see Health Informatics. *See also: Health Informatics*

Reference: <http://www.ehealthinitiative.org/>

Interface: Shared boundary between two functional units defined by various characteristics pertaining to the functions, physical interconnections, signal changes, and other characteristics as appropriate.

Reference: <http://www.ehealthinitiative.org/>

International Organization for Standardization (ISO): It is a worldwide federation of national standards bodies from some 130 countries, one from each country. ISO's work results in international agreements which are published as International Standards. **Reference:** <http://www.ehealthinitiative.org/>

Interoperability:

- The ability of two or more systems or components to exchange information and to use the information that has been exchanged accurately, securely, and verifiably, when and where needed. *See also: Health Care Interoperability.* **Reference:** <http://www.ehealthinitiative.org/>
- According to the Interoperability Clearing House "interoperability is the ability of information systems to operate in conjunction with each other encompassing communication protocols, hardware software, application, and data compatibility layers. With interoperable electronic health records, always-current medical information could be available wherever and whenever the patient and attending health professional needed it. At the same time, EHRs would also provide access to treatment information to help clinicians as they care for patients." **Reference:** <http://www.ichnet.org>

IOM (Institute of Medicine)

IT (Information Technology)

JCAHO (Joint Commission on Accreditation of Healthcare Organizations)

Knowledge Management: The American Health Information Management Association describes knowledge management as “capturing, organizing, and storing knowledge and experiences of individual workers and groups within an organization and making this information available to others in the organization.” **Reference:** www.ahima.org

LAN (Local Area Network)

Legacy system: An existing IT system or application, often built around a mainframe computer, which generally has been in place for a long time and represents a significant investment. Compatibility with legacy systems is often a major issue when considering new applications.

Local Health Information Infrastructure (LHII): LHII usually refers to locally-based sharing of health data across multiple organizations within a specific (and usually limited) geographic area.

Local Public Health Association of Minnesota (LPHA): LPHA represents 91 city and county health departments in Minnesota. **Reference:** <http://www.mncounties2.org/lpha/index.html>

LOINC (Logical Observation Identifiers, Names, and Codes): LOINC is a coding system for the electronic exchange of laboratory test results and other observations. LOINC development involved a public-private partnership comprised of several federal agencies, academia, and the vendor community. This model can be applied to other standards setting domains. LOINC databases provide sets of universal names and ID codes for identifying laboratory and clinical test results. The purpose is to facilitate the exchange and pooling of results, such as blood hemoglobin, serum potassium, or vital signs, for clinical care, outcomes management, and research. **References:** <http://www.ehealthinitiative.org/>
<http://www.regenstrief.org/loinc/>

MDH (Minnesota Department of Health): MDH is the Minnesota’s lead public health agency. MDH convenes and staffs the Minnesota e-Health Advisory Committee and the Minnesota Public Health Information Network. **Reference:** <http://www.health.state.mn.us/>

MDS (Minimum Data Set)

Medicaid Management Information System (MMIS): MMIS is the largest health care payment system in Minnesota, and one of the largest payment systems in the nation. Health care providers throughout the county – as well as DHS and county staff – use MMIS to pay the medical bills and managed care payments for over 525,000 Minnesotans enrolled in Minnesota Health Care Programs. These public programs provide health care services to low-income families and children, low-income elderly people and individuals who have physical and/or developmental disabilities, mental illness or who are chronically ill. **Reference:**
http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs_id_016384.hcsp

Medication Reconciliation: Alerts providers in real-time to potential administration errors such as wrong patient, wrong drug, wrong dose, wrong route and wrong time in support of medication administration or pharmacy dispense/supply management and workflow. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004. <http://www.hl7.org/ehr/downloads/index.asp>

MHA (Minnesota Hospital Association) <http://www.mnhospitals.org/>

MIIC (Minnesota Immunization Information Connection): MIIC is a network of regional immunization services—health care providers, public health agencies, health plans, and schools working together to prevent disease and improve immunization levels. These services combine high quality immunization delivery with public health assessment and outreach to help ensure children and adults are protected against vaccine-preventable diseases. **Reference:** <http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html>

Minnesota e-Health Advisory Committee (a.k.a., Health Information Technology and Infrastructure Advisory Committee): The Minnesota e-Health Advisory Committee is a legislatively mandated private-public collaboration dedicated to accelerating the adoption of health information technology in Minnesota. This group addresses high-level strategic issues and recommends policy for data exchange between public health and health care providers. **Reference:** <http://www.health.state.mn.us/e-health/>

MN-HIE (Minnesota Health Information Exchange)
A statewide electronic health information exchange that will connect doctors, hospitals and clinics across health care systems so they can quickly access medical records needed for patient treatment during a medical emergency or for delivering routine care. MN HIE is a public-private partnership and will operate as a nonprofit corporation. Development of this health information exchange was announced in September 2007. It will initially exchange medication history and formulary information between providers and payers. **Reference:** <http://www.ihealthbeat.org/articles/2007/9/11/Minnesota-Unveils-Plans-for-Health-Information-Exchange.aspx>

MN-HIMSS (Healthcare Information and Management Systems Society (Minnesota Chapter)) <http://www.himss-mn.org/> *See also: HIMSS*

MN-PHIN (Minnesota Public Health Information Network): The MN-PHIN initiative seeks to ensure that state and local health departments have the information systems, policies and technical expertise necessary to meet their mission, not only in the face of growing public health threats but as a critical partner in the Minnesota e-Health Initiative. Public health is one of the four domains included in both the state and national e-Health initiatives. The state-local Steering Committee for MN-PHIN has identified three overall strategies:

- **Interconnect.** Ensure public health departments can electronically and securely exchange health information by adopting national and state data standards.
- **Integrate.** Create more uniformity across public health information systems by defining the fundamental work of public health in ways that ensure new and existing information systems effectively support that work.
- **Inform.** Use health information

Reference: <http://www.health.state.mn.us/e-health/mnphin/index.html>

MPI (Master (Patient, Person, or Participant) Index): An MPI is a database program that collects a patient's various hospital identification numbers, e.g. from the blood lab, radiology department, and admissions, and keeps them under a single, enterprise-wide identification number.

MUA (Medically Underserved Areas)

NACCHO (National Association of County and City Health Officials) <http://www.naccho.org/>

NAHDO (National Association of Health Data Organizations) <http://www.nahdo.org/>

NAHIT (National Alliance for Health Information Technology; "The Alliance")

NAPHSIS (National Association of Public Health Statistics and Information Systems)
<http://www.naphsis.org/>

NCHS (National Center for Health Statistics) <http://www.cdc.gov/nchs/>

NCI (National Cancer Institute)

NCPDP (National Council for Prescription Drug Programs): NCPDP is an ANSI-accredited standards development organization. The NCPDC focuses on prescription drug messages and works to create and promote data interchange and processing standards for the pharmacy services sector of the health care industry. This is the standard for billing retail drug sales. **Reference:** <http://www.ncdp.org>

NCQA (National Committee for Quality Assurance): A not-for-profit organization whose mission is to improve healthcare quality and provide information on the quality of managed care plans. **Reference:** www.ncqa.org

NCSL (National Conference of State Legislatures)

NCVHS (National Committee on Vital and Health Statistics) <http://aspe.os.dhhs.gov/ncvhs/>

NEDSS (National Electronic Disease Surveillance System): NEDSS is the CDC's electronic network for disease reporting that links the agency with state public health departments. **Reference:** <http://www.cdc.gov/nedss/>

Network: Network is a general term for terminals, processors, and devices linked either by cable or wireless technology. Network users can share peripherals, applications and data.

NGA (National Governors Association)

NHIN (National Health Information Network): The Nationwide Health Information Network (NHIN) is the critical portion of the health IT agenda intended to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. The NHIN will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve health. **Reference:** <http://www.hhs.gov/healthit/healthnetwork/background/>

NIH (National Institutes of Health) <http://www.nih.gov/>

NLM (National Library of Medicine) <http://www.nlm.nih.gov/>

OHITA (Office of Health Information Technology Adoption)

OIS (Office of Interoperability & Standards)

OMB (Office of Management & Budget)

ONC (Office of the National Coordinator for Health Information Technology): ONC provides leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety. **Reference:** <http://www.hhs.gov/healthit/>

OPC (Office of Programs & Coordination)

OPR (Office of Policy & Research)

Outbreak Surveillance: Support clinical health state monitoring of aggregate patient data for use in identifying health risks from the environment and/or population. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004. <http://www.hl7.org/ehr/downloads/index.asp>

PACS (Picture Archiving and Communications Systems): PACS are systems that acquire, transmit, store, retrieve, and display digital images and related patient information from a variety of imaging sources and communicate the information over a network.

Reference: www.acponline.org/computer/telemedicine/glossary.htm

Patient Matching: The process of cross-linking the multiple patient identifiers in a community from a variety of patient identifier sources and creating a master patient identifier with a key for cross-referencing the various community identifiers. This is also referred to as a record locator service.

Reference: <http://www.ehealthinitiative.org/>

Pay-for-Performance/Quality Data Reporting: Supports the capture and reporting of quality, performance, and accountability measures to which providers/ facilities/ delivery systems/communities are held accountable including measures related to process, outcomes, and/or costs of care, may be used in 'pay for performance' monitoring and adherence to best practice guidelines. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004.

<http://www.hl7.org/ehr/downloads/index.asp>

PBM (Pharmacy Benefit Manager): A PBM is an organization that contracts with health insurance plans to manage prescription medication benefits.

PDA (Personal Data Assistant): A PDA is a handheld computer that offers relatively limited functionality and computing power. Often used primarily as organizers, but some PDAs offer wireless e-mail and Internet access. Increasingly used in clinical practice for applications such as taking patient notes and ordering prescriptions.

PHC (Personalized Health Care)

PHCCC (Population Health & Clinical Care Connections)

PHDSC (Public Health Data Standards Consortium) <http://www.phdatastandards.info/default.htm>

PHI (Protected Health Information): PHI is a term used in HIPAA meaning individually identifiable health information that is transmitted or maintained by electronic media or is transmitted or maintained in any other form or medium. "Health information" is any information relating to the past, present, or future physical or mental health or condition of an individual. The definition of PHI has moved from 45 CFR §164.501 to 45 CFR §160.103.

PHII (Public Health Informatics Institute) <http://www.phii.org/>

PHIN (Public Health Information Network): PHIN is CDC's vision for advancing fully capable and interoperable information systems in the many organizations that participate in public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems. <http://www.cdc.gov/phिन/> See also: *Minnesota Public Health Information Network (MN-PHIN)*.

PHR (Personal Health Record):

- An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

Reference: The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, April 2008. http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

- The personal health record (PHR) is a universally available, lifelong resource of health or health related information needed by individuals to make health decisions. Individuals manage the information in the PHR, which comes from health care providers and the individual. The PHR is maintained in a secure and private environment, with the individual determining rights of access. The PHR is separate from and does not replace the medical record of any provider. **Reference:** Adapted from The Role of the Personal Health Record in the HER, October 2003. The American Health Information Management Association (AHIMA). Available at: <http://library.ahima.org/>

PITAC (President's Information Technology Advisory Committee)

Population Health: Population health is an approach to health that aims to improve the health of an entire population. One major step in achieving this aim is to reduce health inequities among population groups. Population health seeks to step beyond the individual-level focus of mainstream medicine and public health by addressing a broad range of factors that impact health on a population level, such as environment, social structure, resource distribution, etc. An important theme in population health is importance of social determinants of health and the relatively minor impact that medicine and healthcare have on improving health overall. **Reference:** http://en.wikipedia.org/wiki/Population_health

PQRI (Physician Quality Reporting Initiative)

Public Health: Public health is concerned with threats to the overall health of a community based on population health analysis. **Reference:** http://en.wikipedia.org/wiki/Public_health
Governmental public health agencies provide the backbone to the public health infrastructure, but this infrastructure is also dependent on other entities such as the health care delivery system, the public health and health sciences academia, and other sectors that are heavily engaged and more clearly identified with health activities. Public health also plays a legal regulatory role (e.g., conducting restaurant inspections). **Reference:** Adapted from the Institute of Medicine.

Public Health Information Network (PHIN) Terminology

- *Analysis, Visualization and Reporting (AVR)*
To analyze, display, report and map accumulated data and share data and technologies for analysis and visualization with other public health partners.
- *Outbreak Management (OM)*
The capture and management of information associated with the investigation and containment of a disease outbreak or public health emergency are primary functions of public health.
- *Countermeasure Response Administration (CRA)*
Systems that manage and track measures taken to contain an outbreak or event and to provide protection against a possible outbreak or event. This PHIN functional area encompasses also includes

multiple dose delivery of countermeasures (anthrax vaccine and antibiotics); adverse events monitoring; follow-up of patients; isolation and quarantine; and links to distribution vehicles (such as the Strategic National Stockpile).

- *Early Event Detection (EED)*

This component of PHIN Preparedness uses case and suspect case reporting along with statistical surveillance of health-related data to support the earliest possible detection of events that may signal a public health emergency.

- *Partner Communications and Alerting*

A significant goal of the PHIN Preparedness requirements is to assist with developing a nationwide network of integrated communications systems capable of rapid distribution of health alerts, secure collaboration among a defined set of public health professionals involved in an outbreak or event, and the broad sharing of information with the public.

- *Cross Functional Components*

Several technical capabilities, or components, are common across each of the PHIN Preparedness functional areas and are necessary to fully support the Preparedness requirements. These components include secure message transport, public health directory and directory exchange, message addressing, the use of object identifiers (OIDs), vocabulary standards, data modeling standards, operational policies and procedures, system security and availability, and privacy requirements.

- *Connecting Laboratory Systems*

This PHIN functional area focuses on the interface between laboratory systems and other systems both internal and external to the public health laboratory.

Reference: <http://www.cdc.gov/phin>

Public Key Infrastructure (PKI): A conceptual framework that enables the encryption, decryption and electronic "signing" of data transmissions in a secure fashion within an open network environment.

Reference: <http://www.ehealthinitiative.org/>

Public Health Outbreak Surveillance: Supports clinical health state monitoring of aggregate patient data for use in identifying health risks from the environment and/or population. **Reference:** Health Level Seven, Inc. "HL7 EHR-S Functional Model and Standard." July 2004.

<http://www.hl7.org/ehr/downloads/index.asp> Also see *Outbreak Surveillance*.

Privacy: Right of an individual to control the circulation of information about him-/herself within social relationships; freedom from unreasonable interference in an individual's private life; an individual's right to protection of data regarding him/her against misuse or unjustified publication. **Reference:**

<http://www.ehealthinitiative.org/>

QIO (Quality Improvement Organization): Under the direction of CMS, the Quality Improvement Organization program consists of a national network of fifty-three QIOs responsible for each U.S. state, territory, and the District of Columbia. QIOs work with consumers, physicians, hospitals, and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly among underserved populations. The program also safeguards the integrity of the Medicare trust fund by ensuring payment is made only for medically necessary services, and investigates beneficiary complaints about quality of care. See also: *Stratis Health* **Reference:**

<http://www.cms.hhs.gov/qio/>

QUAL (Quality)

RHIO (Regional Health Information Organization)

- A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

Reference: The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology on Defining Key Health Information Technology Terms, April 2008. http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

- A RHIO is a group of interested healthcare stakeholders who collaborate to develop the financing, business rules, technology, and governance structure necessary to permit providers and healthcare systems to electronically share patient information in a defined community or region. A RHIO's roles might include convening key stakeholders in a collaborative setting to develop data exchange projects, surveying health industry leaders to define opportunities and the potential for data exchange, or actually serving as the governance organization responsible for operating an electronic health information data exchange. *See also: HIE (Health Information Exchange)*

Reference: <http://www.calrhio.org/about/faq.php#>

Roadmap: A roadmap is a formal written plan that is a proposed or intended method of achievement of one or more objectives or goals. It includes a communication plan, business scope, work plan, and financial plan.

ROI (Return on Investment): An ROI analysis means to evaluate an investment by comparing the magnitude and timing of expected gains to the investment costs. *See also: VOI (Value on Investment)*

RPMS (Resource and Patient Management System)

RWJF (Robert Wood Johnson Foundation): The Robert Wood Johnson Foundation is the nation's largest foundation making grants to improve health and healthcare. **Reference:** <http://www.rwjf.org/index.jsp>

SAMHSA (Substance Abuse and Mental Health Services Administration)

Scalability: Scalability is the ability to add users and increase the capabilities of an application without having to making significant changes to the application software or the system on which it runs.

SCHSAC (Statewide Community Health Services Advisory Committee): SCHSAC is a state-local public health partnership that advises, consults with and makes recommendations to the commissioner of health on matters relating to the development, maintenance, and evaluation of community health services in Minnesota. It plays an important role in facilitating the state-local community health services partnership. **Reference:** <http://www.health.state.mn.us/divs/cfh/ophp/system/schsac/index.html>

SDO (Standards Development Organization): Standards Development Organization groups work cooperatively to develop voluntary national consensus standards in healthcare. Most SDOs produce standards (sometimes called specifications or protocols) for a particular healthcare domain such as pharmacy, medical devices, imaging or insurance (claims processing) transactions. SDOs are generally not-for-profit volunteer organizations whose members develop the standards. *See also: AHIC, ANSI, & NCPDP*

Security: In information systems, the degree to which data, databases, or other assets are protected from exposure to accidental or malicious disclosure, interruption, unauthorized access, modification, removal or destruction. **Reference:** <http://www.ehealthinitiative.org/>

Smart card: A smartcard is an electronic device about the size of a credit card that contains electronic memory and, increasingly, an embedded microchip. The cards are used to store data. In a health care context, this is often personal health information. The data can be accessed using a smart card reader: a device into which the card is inserted. Smart cards are not the same as magnetic stripe cards, such as most credit cards; smart cards typically can store more information.

SNOMED CT (Systematized Nomenclature of Medicine, Clinical Terms): SNOMED CT is a dynamic, scientifically validated clinical health care terminology and infrastructure that makes health care knowledge more usable and accessible. The SNOMED CT Core terminology provides a common language that enables a consistent way of capturing, sharing and aggregating health data across specialties and sites of care. Among the applications for SNOMED CT are electronic medical records, ICU monitoring, clinical decision support, medical research studies, clinical trials, computerized physician order entry, disease surveillance, image indexing and consumer health information services. **Reference:** <http://www.snomed.org/>

Stages of Health Information Exchange Development:

- **Stage One:** Recognition of the need for HIE among multiple stakeholders in your state, region, or community
- **Stage Two:** Getting organized by defining shared vision, goals, & objectives, identifying funding sources, and setting up legal & governance structures
- **Stage Three:** Transferring vision, goals, & objectives to tactics and business plan, defining needs and requirements and securing funding
- **Stage Four:** Well under-way with implementation – technical, financial, and legal
- **Stage Five:** Fully operational health information organization. Transmitting data that is being used by healthcare stakeholders Sustainable business model.
- **Stage Six:** Demonstration of expansion of organization to encompass a broader coalition of stakeholders than present in the initial operational model

Reference: eHealth Initiative Foundation. "Second Annual Survey of State, Regional and Community-based Health Information Exchange Initiatives and Organizations." Washington: eHealth Initiative Foundation, 2005.

Standards: Documented agreements containing technical specifications or other precise criteria to be used consistently as rules, guidelines, or definitions of characteristics to ensure that materials, products, processes, and services are fit for their purpose. A standards specifies a well defined approach that supports a business process and

- Has been agreed upon by a group of experts
- Has been publicly vetted
- Provides rules, guidelines, or characteristics
- Helps to ensure that materials, products, processes and services are fit for their intended purpose
- Available in an accessible format
- Subject to ongoing review and revision process

Reference: <http://www.ehealthinitiative.org/> *This differs from the healthcare industry's traditional definition of "standard of care."

Stratis Health: Stratis Health is a non-profit independent quality improvement organization that collaborates with providers and consumers to improve health care. The organization, founded in 1971, has worked at improving the state's health care quality for more than 30 years. Under a federal contract, Stratis Health serves as Minnesota's Medicare Quality Improvement Organization (QIO). The organization is also involved in other statewide projects funded through state government contracts, foundation and corporate grants, and health system projects. **Reference:** <http://www.stratishealth.org/>
See also: MN-HIE, QIO

Tablet computer: A tablet computer is a flat-panel laptop that uses a stylus pen or touch-screen, rather than a keyboard, for entry of data and commands.

Telehealth: Telehealth is a form of e-Health that uses telecommunications and information technologies to provide healthcare services over distance and/or time, to include diagnosis, treatment, public health, consumer health information, and health professions education. This may be done through real-time or asynchronous exchange of complex data (video, images, audio, etc).

Telehomecare: Tele-homecare is the non-clinical service and support given to a patient by family members, friends, and others.

Telemedicine: Telemedicine is that aspect of telehealth that encompasses all those interactions between a health care provider or their surrogate and a patient where there is a geographic and/or temporal separation.

Types of telemedicine:

- Teleconsultation is real time treatment analogous to an office visit;
- Store and Forward images are acquired at many different sites of care, stored in an information system, read and interpreted at other, sometimes remote sites by radiologists who then record their findings in the same system for others to view and use. Used mostly in radiology, pathology and, increasingly, dermatology;
- Direct Asynchronous Communication is communication between the provider and patient (example: email or secure messaging systems) where there is an exchange of text messages.

Teleradiology: Teleradiology is a form of telemedicine that involves electronic transmission of radiographic patient images and consultative text.

Total cost of ownership: Total cost of ownership is a long-term view of all costs associated with a specific technology investment. Costs include that of acquiring, installing, using, maintaining, changing, and disposing of a technology during its useful life.

TPA (Trading Partner Agreement)

UMLS (Unified Medical Language System): A long-term research project developed by the US National Library of Medicine to assist health professionals and researchers to retrieve and integrate clinical vocabularies from a wide variety of information sources. The goal is to link information from scientific literature, patient records, factual databases, knowledge-based expert systems, and directories of institutions and individuals.

Underserved Community: An “Underserved Community” is a geographic location that for reasons of socio-economic status, availability of adequate health insurance coverage, transportation, lack of accessible clinic facilities and services, health professionals and services, health status or indicators, age or other demographic factors, cultural and/or language barriers, or other factor(s), experiences barriers to accessing health care services for preventive and acute care needs.

Use Case: Strictly speaking, a use case is a methodology used in system analysis to identify, clarify, and organize system requirements. More often in HIT and HIE, it refers to a special kind of scenario that breaks down system requirements into user functions; each use case is a sequence of events performed by a user. **Reference:** Interoperability Clearinghouse Glossary of Terms, <http://www.ichnet.org/glossary.htm>

Value Proposition: The logical link between action and payoff that knowledge management must create to be effective; e.g., customer intimacy, product-to-market excellence, and operational excellence [Carla O'Dell & C.Jackson Grayson]. **Reference:** Interoperability Clearinghouse Glossary of Terms, <http://www.ichnet.org/glossary.htm>

VHA (Veterans Health Administration)

VISTA (Veterans Information Systems Technology Architecture) Value Proposition: <http://ccbh.ehealthinitiative.org/communities/community.aspx?Section=105&Category=142&Document=696>

VOE (Vista Office EHR)

VOI (Value on Investment): A VOI evaluation analyzes an investment based on numerous quantitative and qualitative measures beyond the standard financial considerations. See also: ROI.

VPN (virtual private network): A network that uses public connections, such as the Internet, to link users but relies on encryption and other security measures to ensure that only authorized users can access the network.

WAN (wide area network): A computer network that covers a large physical area. A WAN usually consists of multiple local area networks (LANs).

WG (Workgroup)

Web-enabled: Refers to software applications that can be used directly through the Web. Web-enabled applications are often used to collect information from, or make functionality available to, geographically dispersed users (e.g. disease surveillance systems).

X12: A committee chartered by the American National Standards Institute (ANSI) to develop uniform standards for inter-industry electronic interchange of business transactions—electronic data interchange

Reference: <http://www.x12.org/>

¹ This glossary was compiled and adapted from many sources on the World Wide Web. Unless otherwise noted, definitions were adapted from <http://www.ihealthbeat.org>