

Glossary of Selected Terms and Acronyms

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**Minnesota e-Health Initiative
and the
Minnesota Department of Health**



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Glossary of Selected Terms and Acronyms related to e-Health in Minnesota

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:** <http://www.aap.org>

Accredited Standards Committee (ASC) X12: Develops, maintains, interprets, publishes and promotes the proper use of American National and UN/EDIFACT International Electronic Data Interchange Standards. Its main objective is to develop standards to facilitate electronic interchange relating to business transactions such as order placement and processing, shipping and receiving information, invoicing, and payment and cash application data. **Reference:** <http://www.x12.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:** <http://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. **Reference:** <http://www.health.state.mn.us/patientsafety/ae/index.html>

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. **Reference:** <http://www.ahima.org/> or <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: 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/>

ANA (American Nursing Association): The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations and its organizational affiliates. **Reference:** <http://www.ama-assn.org/>

ANI (Alliance for Nursing Informatics): ANI is a collaboration of organizations, representing a unified voice for nursing informatics to provide a mechanism for transforming care, developing resources, guidelines and standards for nursing informatics practice, education, scope of practice, research, certification, public policy, terminology, best practice guidelines, mentoring, advocacy, networking and career services. **Reference:** <http://www.allianceni.org/about.asp>

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): APHA represents a broad array of health professionals and others who care about their own health and the health of their communities. **Reference:** <http://www.apha.org/>

APHL (Association of Public Health Laboratories): The Association of Public Health Laboratories works to strengthen laboratories serving the public's health in the US and globally. **Reference:** <http://www.aphl.org/>

ARRA (American Recovery and Reinvestment Act of 2009): Commonly referred to as the **Stimulus** or **The Recovery Act**, is an economic stimulus package enacted by the 111th United States Congress in February 2009. With the American Recovery and Reinvestment Act, Congress established new Medicare and Medicaid incentives to stimulate critically needed investments in health information technology (health IT). **Reference:** http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_learn_about_hitech/1233

ASTHO (Association of State and Territorial Health Officials): ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. **Reference:** <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/>

Biosurveillance: Biosurveillance, in the context of human health, is the science and practice of managing health-related data and information for early warning of threats and hazards and early detection and rapid characterization of emerging health threats so that adverse health effects can be mitigated. Homeland Security Presidential Directive (HSPD-21) defines biosurveillance as

...the process of active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health—whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin—in order to achieve early warning of health threats, early detection of health events, and overall situational awareness of disease activity. **Reference:** <http://www.fas.org/irp/offdocs/nspd/hspd-21.htm>

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/>

CAH (Critical Access Hospital): Small rural hospitals meeting state and federal criteria were eligible to convert from traditional hospital licensure status to Critical Access Hospital (CAH) licensure status. CAHs receive higher cost-based reimbursement for Medicare services. In Minnesota, they also receive cost-based reimbursement for some Medicaid services. CAHs are also allowed greater flexibility in staffing. In return, CAHs must:

- Make emergency services available 24 hours per day
- Have no more than 25 beds
- Maintain an annual average length of stay of 96 hours or less and

- Participate in networking relationships with other health care providers.

Federal regulations required that CAHs needed to be 35 miles or more from the nearest provider, or be designated by the state as a “Necessary Provider.” As of the federal deadline of January 1, 2006, all qualifying hospitals in Minnesota had become CAHs. **Reference:**

<http://www.health.state.mn.us/divs/orhpc/flex/mnhospitals.html> or
<http://www.cms.gov/MLNProducts/downloads/CritAccessHospfctsht.pdf>

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

CCD (Continuity of Care Document): The Continuity of Care Document (CCD) is a harmonized format for the exchange of clinical information, including patient demographics, medications and allergies, between patients and providers. HL7 and ASTM International created the Continuity of Care Document (CCD) to integrate two complementary healthcare data specifications: ASTM Continuity of Care Record (CCR) and HL7 Clinical Document Architecture (CDA). It uses "Web 2.0" approaches, is XML based, machine and human readable, and uses controlled vocabularies enabling computer-based decision support. **References:** <http://www.hl7.org> or <http://www.alschulerassociates.com/cda/?topic=quick-start-guides>

CCHIT (Certification Commission for Health Information Technology): A voluntary, private-sector organization launched in 2004 to certify health information technology (HIT) products such as electronic health records. CCHIT was recognized by the Office of the National Coordinator (ONC) as an Authorized Testing and Certification Body (ONC-ATCB) under the initial certification program created to certify that electronic health records (EHRs) are capable of meeting the criteria to support meaningful use and qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA). **Reference:** <http://www.cchit.org>

CCR (Continuity of Care Record): Continuity of Care Record (CCR) is a core data set of the most relevant administrative, demographic, and clinical information facts about a patient's healthcare, covering one or more healthcare encounters. It provides a means for one healthcare practitioner, system, or setting to aggregate all of the pertinent data about a patient and forward it to another practitioner, system, or setting to support the continuity of care. To ensure interchangeability of electronic CCRs, the standard specification specifies XML coding that is required when the CCR is created in a structured electronic format. This standard specification has been developed by ASTM International, Committee E31 on Health Informatics. **Reference:** <http://www.astm.org/Standards/E2369.htm>

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. It also 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*

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

Certified Electronic Health Record (EHR): A certified EHR is defined as a qualified electronic health record that is certified as meeting the standards applicable to the setting (e.g. ambulatory or hospital-based) as adopted by the Office of the National Coordinator for Health Information Technology (ONC). The ONC selects Authorized Testing and Certification Bodies (ATCBs) to perform Complete EHR and/or EHR Module testing and certification. **Reference: Current list of ATCBs:** http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc-

[authorized testing and certification bodies/3120](#), **Current list of Certified Health IT Products:**
<http://onc-chpl.force.com/ehrcert>

CHC (Community Health Centers): Community Health Centers (CHCs) serve adults and children in rural and urban areas who experience financial, geographic or cultural barriers to care. CHCs provide primary and preventive health care, mental health services, dental services, transportation and translation services.

Reference: <http://bphc.hrsa.gov/about/> or
<http://www.health.state.mn.us/divs/orhpc/shortage/fqhsection330.html> *See also: FQHC*

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*

CLIA (Clinical Laboratory Improvement Amendments): The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). **Reference:** <https://www.cms.gov/clia/>

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 Laboratory: a facility where tests are performed on human specimens for health assessment of a patient as pertaining to the diagnosis, prevention, or treatment of disease.

Clinical Leader: Individuals in this role will be able to lead the successful deployment and use of health IT to achieve transformational improvement in the quality, safety, outcomes, and thus in the value of health services. **Reference:** <http://healthit.hhs.gov/>

Clinical Meaningful Use Transaction: an electronic transaction that a health care provider must execute to exchange clinical data (e.g., prescriptions, immunizations, laboratory results) for care delivery purposes. These transactions are a sub-set of Stage 1 meaningful use transactions referred to in electronic health record incentive program for Medicare and Medicaid [RIN 0938–AP78; 42 CFR Parts 412, 413, 422, and 495] and required to use the standards recommended for electronic health record technology [RIN 0991–AB58; 45 CFR Part 170] and are required to receive Medicare or Medicaid incentives or avoid Medicare penalties pursuant to sections 4101, 4102, and 4201 of the HITECH Act.

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/>

Clinician/Practitioner Consultants: This role is similar to the "redesign specialist" role but includes the background and experience of a licensed clinical and professional or public health professional. **Reference:** <http://healthit.hhs.gov/>

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). CMS is the agency responsible for distributing the incentive payments related to "meaningful use" provision of the HITECH Act. **Reference:** <http://www.cms.hhs.gov/>

Commissioner: The commissioner of health. **Reference:** Minn. Stat. §62J.498 sub. 1(b)

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> and <http://www.phii.org>

Computerized Provider Order Entry (CPOE): CPOE is a computer application that allows a provider'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 provider 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>

Confidentiality: A third 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/>

Council of State and Territorial Epidemiologists (CSTE): CSTE is an organization of member state and territories representing public health epidemiologists. CSTE provides technical advice and assistance to partner organizations and to federal public health agencies such as the Centers for Disease Control and Prevention (CDC). **Reference:** <http://www.cste.org/>

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) and CDS (Clinical Decision Support)*

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/> and <http://medical.nema.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/>

Direct Health Information Exchange: The electronic transmission of health related information through a direct connection between the electronic health record systems of health care providers without the use of a health data intermediary. **Reference:** Minn. Stat. §62J.498 sub.1(c)

Direct Message: A message sent from a source to a destination that conforms to the Direct-prescribed message structure. **Reference:** <http://wiki.directproject.org/Direct+Abstract+Model>

Direct Project: The direct project develops specifications for a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and patients) to send encrypted health information directly to known, trusted recipients over the internet. **Reference:** <http://wiki.directproject.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*

Domain(s): The five areas identified by the federal Department of Health and Human Services as critical areas to be addressed and monitored to ensure continuous improvement and expansion of health information exchange capabilities. The five domains include the following:

- **Governance** – This domain addresses the functions of convening health care stakeholders to create trust and consensus on an approach for statewide HIE and to provide oversight and accountability of HIE to protect the public interest. One of the primary purposes of a governance entity is to develop and maintain a multi-stakeholder process to ensure HIE among providers is in compliance with applicable policies and laws.
- **Finance** - This domain encompasses the identification and management of financial resources necessary to fund health information exchange. This domain includes public and private financing

for building HIE capacity and sustainability. This also includes but is not limited to pricing strategies, market research, public and private financing strategies, financial reporting, business planning, audits, and controls.

- **Technical Infrastructure** – This domain includes the architecture, hardware, software, applications, network configurations and other technological aspects that physically enable the technical services for HIE in a secure and appropriate manner.
- **Business and Technical Operations** – The activities in this domain include but are not limited to procurement, identifying requirements, process design, functionality development, project management, help desk, systems maintenance, change control, program evaluation, and reporting. Some of these activities and processes are the responsibility of the entity or entities that are implementing the technical services needed for health information exchange; there may be different models for distributing operational responsibilities.
- **Legal/Policy** – The mechanisms and structures in this domain address legal and policy barriers and enablers related to the electronic use and exchange of health information. These mechanisms and structures include but are not limited to: policy frameworks, privacy and security requirements for system development and use, data sharing agreements, laws, regulations, and multi-state policy harmonization activities. The primary purpose of the legal/policy domain is to create a common set of rules to enable inter-organizational and eventually interstate health information exchange while protecting consumer interests.

Reference: American Recovery and Reinvestment Act of 2009, Title XIII-Health Information Technology, Subtitle B-Incentives for the Use of Health Information Technology, Section 3010, State Grants to Promote Health Information Technology: State Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement:

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1336&mode=2&cached=true>

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>

EARS (Early Aberration Reporting System): The Early Aberration Reporting System (EARS) is a free tool for users, designed by the CDC's Division of Preparedness and Emerging Infections to assist state and local public health professionals with analysis of surveillance data. **Reference:** <http://www.bt.cdc.gov/surveillance/ears/>

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): An Emergency Department is a medical treatment facility specializing in acute care of patients who present without having a prior appointment either by their own means or by ambulance. Due to the unplanned nature of patient attendance, having access to information such as history

of tests, medications for the patient is valuable and sometime critical to provide optimal care for an emergency.

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 adoption and effective use of Electronic Health Record (EHR) systems and other health information technology (HIT) to improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions. Across the nation, e-health is emerging as a powerful strategy to transform the health care system and improve the health of communities.

e-Health 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/> also see the MN e-Health Initiative <http://www.health.state.mn.us/e-health/index.html>

EHNAC: The Electronic Healthcare Network Accreditation Commission, a federally-recognized standards development organization whose mission is to promote standards-based accreditation within the healthcare data exchange and whose accreditation programs have set benchmarks for assuring security, confidentiality, accountability, and efficiency. The Health Information Exchange Accreditation Program (“HIEAP”) is one of the various accreditation programs offered by EHNAC.

EHNAC mandatory elements: The criteria used by EHNAC as part of its Health Information Exchange Accreditation Program (“HIEAP”) to assess the health information exchange organization’s electronic exchange of transactions and messages to ensure standards are met across five main categories: privacy and confidentiality; technical performance; business practices; physical, human and administrative resources; and information security.

EHR (Electronic Health Record): 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>

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/>

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 File Transfer: The movement of one or more computer (electronic) files from one location to another location over a network or Internet.

Electronic Prescribing/e-Prescribing: E-prescribing means secure bidirectional electronic information exchange between prescribers (providers), dispensers (pharmacies), Pharmacy Benefits Managers, or health plans, directly or through an intermediary network. E-prescribing encompasses exchanging prescriptions, checking the prescribed drug against the patient's health plan formulary of eligible drugs, checking for any patient allergy to drug or drug-drug interactions, access to patient medication history, and sending or receiving an acknowledgement that the prescription was filled.

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

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/>

Eligible Hospital (Medicare and/or Medicaid): Some eligible hospitals may receive EHR incentive payments from both Medicare and Medicaid if they meet all eligibility criteria. What is an eligible hospital under the Medicare EHR Incentive Program?

- Subsection (d) hospitals" in the 50 states or DC that are paid under the Inpatient Prospective Payment System (IPPS)
- Critical Access Hospitals (CAHs)
- Medicare Advantage (MA-Affiliated) Hospitals

What is an Eligible Hospital under the Medicaid EHR Incentive Program?

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
- Children's hospitals (no Medicaid patient volume requirements)

Some hospitals may be eligible for both; see the Centers for Medicare and Medicaid Services Web site for more details. **Reference:**

http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage

Eligible Professional (Medicare and/or Medicaid): Some eligible professionals may receive EHR incentive payments from either Medicare and Medicaid if they meet all eligibility criteria. Who is an Eligible Professional under the Medicare EHR Incentive Program?

- Doctor of medicine or osteopathy
- Doctor of dental surgery or dental medicine
- Doctor of podiatry
- Doctor of optometry
- Chiropractor

Who is an Eligible Professional under the Medicaid EHR Incentive Program?

- Physicians (primarily doctors of medicine and doctors of osteopathy)

- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible professional must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume*
- Have a minimum 20% Medicaid patient volume, and is a pediatrician*
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

* Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria. **Reference:** http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage

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. See also: **EHR (Electronic Health Record)**

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/>

eRX (See also electronic/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. **Reference:** <http://www.hhs.gov/healthit/glossary.html>

Evidence-Based Medicine (EBM): Evidence-based medicine 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> or <http://gim.dom.uab.edu/education/conferences/slides/2003-2004/071503.pdf>

Evidence-Based Practice (EBP): Evidence-based practice is a thoughtful integration of the best available evidence, coupled with professional expertise. As such it enables health practitioners of all varieties to address healthcare questions with an evaluative and qualitative approach. EBP allows the practitioner to assess current and past research, clinical guidelines, and other information resources in order to identify relevant literature while differentiating between high-quality and low-quality findings. **Reference:** <http://www.biomed.lib.umn.edu/learn/ebp/mod01/index.html>

FACA (Federal Advisory Committee Act): The Federal Advisory Committee Act was enacted in 1972 to ensure that advice by the various advisory committees formed over the years is objective and accessible to the public. The Act formalized a process for establishing, operating, overseeing, and terminating these advisory bodies and created the Committee Management Secretariat to monitor compliance with the Act. The processes utilized by the ONC to receive advice and input on rules and policy related to the HITECH Act are in accordance with this Act. **Reference:** <http://www.gsa.gov/portal/content/104514>

FDA (Food and Drug Administration): The FDA is responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. FDA is also responsible for advancing the public health by helping to speed innovations that make medicines more effective, safer, and more affordable and by helping the public get the accurate, science-based information they need to use medicines and foods to maintain and improve their health. **Reference:** <http://www.fda.gov/>

Federal Health Information Technology Activities:

Office of the National Coordinator for Health Information Technology (ONC)

<http://healthit.hhs.gov/>

HIT Policy Committee

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=5&mode=2>

HIT Standards Committee

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1271&parentname=CommunityPage&parentid=6&mode=2>

Includes information related to ARRA and HITECH Act and web site of ONC. A variety of coordinated federal programs are currently underway to implement strategies to address the goals and objectives comprising the nation's Health IT agenda. (Stay informed by subscribing to listserv at <http://healthit.hhs.gov>)
See also: Office of the National Coordinator (ONC)

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>

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.

FQHC (Federally Qualified Health Center): Federally Qualified Health Centers are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act). Types of FQHC include: Community Health Centers, Migrant Health Centers, Healthcare for Homeless Programs and Public Housing Primary Care Programs. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities. **Reference:** <http://bphc.hrsa.gov/about/> or

<http://www.health.state.mn.us/divs/orhpc/shortage/fqhcsection330.html> or

<http://www.cms.hhs.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

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:**

<http://www.gis.com/> or <http://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> and <http://www.health.state.mn.us/han/index.html>

Handheld: A handheld is a portable computer that is small enough to hold in one's hand. The term is used to refer to a variety of devices ranging from personal data assistants, such as iphones, Driods and tablet computers, 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 Care Provider (Provider): A person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program under chapter 256B. For purposes of this definition, "for a fee" includes traditional fee-for-service arrangements, capitation arrangements, and any other arrangement in which a provider receives compensation for providing health care services or has the authority to directly bill a group purchaser, health carrier, or individual for providing health care services. For purposes of this definition, "eligible for reimbursement under the medical assistance program" means that the provider's services would be reimbursed by the medical assistance program if the services were provided to medical assistance enrollees and the provider sought reimbursement, or that the services would be eligible for reimbursement under medical assistance except that those services are characterized as experimental, cosmetic, or voluntary. **Reference:** Minn. Stat. §62J.03, sub. 8

Health Data Intermediary (HDI): Health data intermediary or HDI means an entity that provides the infrastructure to connect computer systems or other electronic devices used by health care providers, laboratories, pharmacies, health plans, third-party administrators, or pharmacy benefit managers to facilitate the secure transmission of health information, including pharmaceutical electronic data intermediaries as defined in Minn. Stat. §62J.495. This does not include health care providers engaged in direct health information exchange. [Minn. Stat. §62J.498 sub. 1(e)]. **Reference:** <https://www.revisor.mn.gov/statutes/?id=62J.495>

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. **Reference:** Adapted from the University of Minnesota, Health Informatics program: <http://www.hinfgrad.umn.edu/mhi/background.html> and <http://www.amia.org>
See also: Informatics

Health Information Exchange (HIE):

- Health information exchange or HIE means the electronic transmission of health related information between organizations according to nationally recognized standards [Minn. Stat. §62J.498 sub. 1(f)]. **Reference:** <https://www.revisor.mn.gov/statutes/?id=62J.498>
- 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 Exchange Service Provider (HIE-SP): A health data intermediary or health information organization that has been issued a certificate of authority by the Commissioner under Minn. Stat. §62J.498. **Reference:** Minn. Stat. §62J.498 sub.1(g)

Health Information Management and Exchange Specialist: Individuals in these roles support the collection, management, retrieval, exchange, and/or analysis of information in electronic form. **Reference:** <http://healthit.hhs.gov/>

Health Information Organization (HIO): Health information organization or HIO means an organization that oversees, governs, and facilitates the exchange of health-related information among organizations according to nationally recognized standards. [Minn. Stat. §62J.498 sub. 1(h)]. **Reference:** <https://www.revisor.mn.gov/statutes/?id=62J.498>

Health Information Privacy and Security Specialist: Individuals in this role would be qualified to serve as institutional/organizational information privacy or security officers, ensuring the privacy and security of health. **Reference:** <http://healthit.hhs.gov/>

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 IT Sub-specialist: Individuals in these roles combine health care or public health generalist knowledge, knowledge of IT, and disciplines that inform health IT policy or technology. **Reference:** <http://healthit.hhs.gov/>

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> or <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>.

Health Information Service Provider: A HISP is an actor that serves the backbone exchange needs of Source and Destination actors and should be thought of in the context of message delivery/receipt and not in the context of governance responsibilities. **Reference:** <http://wiki.directproject.org/Direct+Abstract+Model>

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/>

HITECH Act: HITECH Act stands for the Health Information Technology for Economic and Clinical Health Act in division A, title XIII and division B, title IV of the American Recovery and Reinvestment Act of 2009, including federal regulations adopted under that act. [Minn. Stat. §62J.495 sub. 1a(d)].

HITECH Minnesota Programs: Minnesota programs funded to support the adoption and use of Electronic Health Records (EHRs) and exchange of information, and to become eligible to receive incentive payments.

- **Health Information Exchange:** The State HIE Cooperative Agreement Program funds states' efforts to rapidly build capacity for exchanging health information across the health care system both within and across states.
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_state_health_information_exchange_program/1488 and <http://www.health.state.mn.us/e-health/hitech/hitechmn.html>
- **Beacon:** The Beacon Community Cooperative Agreement Program provides funding to 17 selected communities throughout the United States that have already made inroads in the development of secure, private, and accurate systems of electronic health record (EHR) adoption and health information exchange. The Beacon Program will support these communities to build and strengthen their health information technology (health IT) infrastructure and exchange capabilities to improve care coordination, increase the quality of care, and slow the growth of health care spending.
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_southeastern_minnesota_beacon_community/3324
- **SHARP:** Awardees are responsible for increasing connectivity and enabling patient-centric information flow to improve the quality and efficiency of care. Key to this is the continual evolution and advancement of necessary governance, policies, technical services, business operations, and financing mechanisms for HIE over each state, territory, and SDE's four-year performance period. This program is building on existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability.
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_sharp_program/1806
- **UP-HI:** (University Partnership for Health Informatics) has been created to educate new health professionals who can assist in the transition from paper to digital records – in the form of patients' electronic health records, prescriptions, best treatments/therapies and more.
<http://www.uphi.umn.edu/>
- **REACH:** The Regional Extension Assistance Center for HIT works with providers of all types and sizes to improve quality of care through adoption and meaningful use of EHRs.
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_rec_program/1495

HITPC (Health Information Technology Policy Committee): Makes recommendations to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information. Details on the meetings, the workgroups and related information can be accessed at <http://healthit.hhs.gov/policycommittee>

HITSC (Healthcare Information Technology Standards Committee): Makes recommendations to the National Coordinator for Health IT on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information. Details on the meetings, the workgroups and related information can be accessed from <http://healthit.hhs.gov/standardscommittee>
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. *See also: Telehealth*

HRSA (Health Resources and Services Administration) Reference: The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. **Reference:** <http://www.hrsa.gov/index.html>

ICD-9 (International Classification of Disease, 9th Revision): The 1972 revision of the international disease classification system developed by the World Health Organization. **Reference:** <http://www.cdc.gov/nchs/icd/icd9.htm>

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.cdc.gov/nchs/icd/icd9cm.htm>

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. **Reference:** <http://www.cdc.gov/nchs/icd/icd10.htm>

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.cdc.gov/nchs/icd/icd10cm.htm>

ICNP (International Classification of Nursing Practice): ICNP is a standardised terminology accepted by the World Health Organization (WHO) within the WHO Family of International Classifications to extend coverage of the domain of nursing practice as an essential and complementary part of professional health services. used to represent nursing diagnoses, interventions and outcomes. **Reference:** <http://www.icn.ch/pillarsprograms/international-classification-for-nursing-practicer> or <http://www.who.int/classifications/icd/adaptations/icnp/en/index.html>

IHS (Indian Health Service): The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. **Reference:** <http://www.ihs.gov/>

IMIA (International Medical Informatics Association): The International Medical Informatics Association (IMIA) is the world body for health and biomedical informatics. IMIA provides leadership and expertise to the multidisciplinary, health focused community and to policy makers, to enable the transformation of healthcare in accord with the world-wide vision of improving the health of the world population. **Reference:** <http://www.imia-medinfo.org/new2/>

Implementation Managers: Workers in this role provide on-site management of mobile adoption support teams for the period of time before and during implementation of health IT systems in clinical and public health settings. **Reference:** <http://healthit.hhs.gov/>

Implementation Support Specialists: Workers in this role provide on-site user support for the period of time before and during implementation of health IT systems in clinical and public health settings. **Reference:** <http://healthit.hhs.gov/>

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. **Reference:** <http://www.ehealthinitiative.org/> *See also: Health Care Interoperability.*
and:

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): The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public. **Reference:** <http://iom.edu/>

IT (Information Technology): Technology related to computing functions including software, hardware, processes, programming languages and data constructs.

The Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations): The Joint Commission accredits and certifies more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. **Reference:** <http://www.jointcommission.org/>

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:** <http://www.ahima.org/>

LAN (Local Area Network): A system that links together electronic office equipment, such as computers and word processors, and forms a network within an office or building.

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.

LIS (Laboratory Information System): Also known as LIMS (Laboratory Information Management System), LIS is a software system used in a clinical laboratory to computerize laboratory business processes such as test processing, test scheduling, specimen and sample tracking, inventory control, reporting, quality control and quality assurance management, and statistical analysis and surveillance. **Reference:** Minnesota Department of Health, Office of Health Information Technology, <http://www.health.state.mn.us/e-health/assessment.html>

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> or <http://www.regenstrief.org/loinc/>

L-SIP (Laboratory System Improvement Program): The Laboratory System Improvement Program (L-SIP) -- formerly known as the State Public Health Laboratory Systems Performance Standards Program -- targets improvement of the public health laboratory system through the collaborative work of partners. **Reference:** <http://www.aphl.org/aphlprograms/lss/projects/performance/pages/default.aspx>

Major Participating Entity:

- a Participating Entity that receives compensation for services that is greater than 30 percent of the health information organization's gross annual revenues from the health information exchange service provider;
- a Participating Entity providing administrative, financial, or management services to the health information organization, if the total payment for all services provided by the Participating Entity exceeds three percent of the gross revenue of the health information organization; and
- a Participating Entity that nominates or appoints 30 percent or more of the board of directors of the health information organization. **Reference:** Minn. Stat. §62J.498 sub.1(j)

MDH (Minnesota Department of Health): MDH is the Minnesota’s lead public health agency; it convenes and staffs the Minnesota e-Health Advisory Committee and e-Health initiative. MDH is the designated agency in Minnesota to coordinate resources and activities related to the HITECH act. **Reference:** <http://www.health.state.mn.us/>

Meaningful Use: The use of certified electronic health record technology that includes e-prescribing, and is connected in a manner that provides for the electronic exchange of health information and used for the submission of clinical quality measures as established by the Center for Medicare and Medicaid Services and the Minnesota Department of Human Services pursuant to sections 4101, 4102, and 4201 of the HITECH

Act including subsequent regulations, rules and guidance issued pursuant to the HITECH Act. [Minn. Stat. §62J.498 sub. 1(k)]. **Reference:** <https://www.revisor.mn.gov/statutes/?id=62J.498>

Meaningful Use Transaction: An electronic transaction that a health care provider must exchange to receive Medicare or Medicaid incentives or avoid Medicare penalties pursuant to sections 4101, 4102, and 4201 of the HITECH Act. [Minn. Stat. §62J.498 sub. 1(l)]. For details on Meaningful Use and related standards, please refer to final rules in links below:

- Medicare and Medicaid Programs - Electronic health record incentive program:
<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>
- Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology:
<http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>

MEDSS (Minnesota Electronic Disease Surveillance System): The Minnesota Electronic Disease Surveillance System (MEDSS) is an electronic disease surveillance system that allows public health officials to receive, manage, process, and analyze disease-related data. MEDSS offers new tools for automatic disease reporting, case investigations, and case follow-up within the state of Minnesota. It is an integrative system allowing easy sharing and connecting among MDH, physicians and local public health. **Reference:** <http://www.health.state.mn.us/divs/istm/medss/>

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): MHA is a trade association representing Minnesota's hospitals and health systems. The organization represents hospitals' interests through advocacy and representation, as well as in educational programming, communications efforts, information resources and issue-area expertise. **Reference:** <http://www.mnhospitals.org/>

MIIC (Minnesota Immunization Information Connection): The Minnesota Immunization Information Connection (MIIC) is a program among health care providers, parents, public health agencies, and schools aimed at preventing disease through immunization. MIIC uses a confidential, computerized information system, also known as an immunization registry, which contains a complete and accurate record of a person's immunizations, no matter where they got those shots. **Reference:** <http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html>

Minnesota e-Health Advisory Committee: The Minnesota e-Health Advisory Committee is a legislatively established private-public collaboration responsible for advising the Commissioner of Health and 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/>

Minnesota State Register: The official publication of the State of Minnesota's Executive Branch of government, published weekly to fulfill the legislative mandate set forth in Minn. Stat. ch. 14 and Minn.

Rules 1400, including official notices of state agencies. **Reference:** <http://www.comm.media.state.mn.us/bookstore/mnbookstore.asp?page=register>

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 e-Public Health: The MN e-Public Health 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.

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. *See also: RLS*

MUA (Medically Underserved Areas): Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). **Reference:** <http://muafind.hrsa.gov/>

NACCHO (National Association of County and City Health Officials): The National Association of County and City Health Officials (NACCHO) is the national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. **Reference:** <http://www.naccho.org/>

NAHDO (National Association of Health Data Organizations): The National Association of Health Data Organizations (NAHDO) is a national, not-for-profit membership organization dedicated to improving health care through the collection, analysis, dissemination, public availability, and use of health data. NAHDO provides leadership in health care information management and analysis, promotes the availability of and access to health data, and encourages the use of these data to make informed decisions and guide the development of health policy. **Reference:** <http://www.nahdo.org/>

NAPHSIS (National Association of Public Health Statistics and Information Systems): The National Association for Public Health Statistics and Information Systems (NAPHSIS) is a national association of state vital records and public health statistics offices which is based in the Washington, DC area. **Reference:** <http://www.naphsis.org/>

NCHS (National Center for Health Statistics): The National Center for Health Statistics, part of the Centers for Disease Control (CDC) compiles statistical information to guide actions and policies to improve the health of all people. **Reference:** <http://www.cdc.gov/nchs/>

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:** <http://www.ncqa.org>

NCVHS (National Committee on Vital and Health Statistics): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics and national health information policy. It fulfills important review and advisory functions relative to health data and statistical problems of national and international interest, stimulates or conducts studies of such problems and makes proposals for improvement of the Nation's health statistics and information systems. **Reference:** <http://www.ncvhs.hhs.gov/>

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.

NWHIN (Nationwide Health Information Network): A set of standards, services and policies that enable secure health information exchange over the Internet. The NWHIN will provide a foundation for the exchange of health information across diverse entities, within communities and across the country, helping to achieve the goals of the HITECH Act. The NWHIN will continue evolving to meet the emerging needs for exchanging electronic health information and will be driven by emerging technology, users, uses and policies. **Reference:** <http://healthit.hhs.gov/NHIN>

NWHIN Exchange: The group of federal agencies, local, regional and state-level health information organizations and integrated delivery networks that are using NWHIN set of standards, services and policies to enable secure health information exchange over the Internet.

NLM (National Library of Medicine): The National Library of Medicine (NLM), on the campus of the National Institutes of Health in Bethesda, Maryland, is the world's largest medical library. The Library collects materials and provides information and research services in all areas of biomedicine and health care. **Reference:** <http://www.nlm.nih.gov/>

OMB (Office of Management & Budget): The core mission of OMB is to serve the President of the United States in implementing his vision across the Executive Branch. OMB is the largest component of the Executive Office of the President. It reports directly to the President and helps a wide range of executive departments and agencies across the Federal Government to implement the commitments and priorities of the President. **Reference:** <http://www.whitehouse.gov/omb/>

Office of the National Coordinator for Health Information Technology (ONC): Coordinates nationwide efforts related to the implementation and use of electronic health information exchange. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS). **Reference:** <http://healthit.hhs.gov>

OSELS (Office of Surveillance, Epidemiology, and Laboratory Services): OSELS' (Office of Surveillance, Epidemiology, and Laboratory Services at the CDC) mission is to provide scientific service, expertise, skills, and tools in support of CDC's national efforts to promote health; prevent disease, injury and disability; and prepare for emerging health threats. **Reference:** <http://www.cdc.gov/osels/index.html>

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:** <http://www.acponline.org/computer/telemedicine/glossary.htm>

Participating Entity: Any of the following persons, health care providers, companies, or other organizations with which a health information organization or health data intermediary has contracts or other agreements for the provision of health information exchange service providers:

- a health care facility licensed under Minn. Stat. §§144.50 to 144.56, a nursing home licensed under Minn. Stat. §§144A.02 to 144A.10, and any other health care facility otherwise licensed under the laws of Minnesota or registered with the commissioner;
- a health care provider, and any other health care professional otherwise licensed under the laws of Minnesota or registered with the commissioner;
- a group, professional corporation, or other organization that provides the services of individuals or entities identified in clause (b), including but not limited to a medical clinic, a medical group, a home health care agency, an urgent care center, and an emergent care center;
- a health plan as defined in Minn. Stat. §§62A.011, sub. 3; and
- a state agency as defined in Minn. Stat. §13.02, sub. 17.

Reference: Minn. Stat. §62J.498 sub. 1(m)

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.

PCAST (President's Council of Advisors on Science and Technology): PCAST is an advisory group of the nation's leading scientists and engineers who directly advise the President and the Executive Office of the President. PCAST makes policy recommendations in the many areas where understanding of science, technology, and innovation is key to strengthening our economy and forming policy that works for the American people. PCAST is administered by the Office of Science and Technology Policy (OSTP). **Reference:** <http://www.whitehouse.gov/administration/eop/ostp/pcast>

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.

Pharmaceutical Electronic Data Intermediary: Any entity that provides the infrastructure to connect computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies, health plans, third-party administrators, and pharmacy benefit managers in order to facilitate the secure transmission of electronic prescriptions, refill authorization requests, communications, and other prescription-related information between such entities. **Reference:** Minn. Stat. §62J.495 sub. 1a(c)

PHDSC (Public Health Data Standards Consortium): The Public Health Data Standards Consortium

(PHDSC, The Consortium) is a national non-profit membership-based organization of federal, state, and local health agencies; professional associations, academia; public and private sector organizations; international members; and individuals. Its goal is to empower the healthcare and public health communities with health information technology standards to improve individual and community health. **Reference:** <http://www.phdsc.org/>

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) Reference: <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. **Reference:** <http://www.cdc.gov/phinf/> *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. **Reference:** http://www.nahit.org/docs/hittermsfinalreport_051508.pdf

Population Health: A definition of 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.

Population health is "everyone's responsibility" in contrast to public health which is the "governmental responsibility" for the health of a population. Public health is concerned with threats to the overall health of a community based on population health analysis. 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).

Practice Workflow and Information Management Redesign Specialists: Individuals in this role assist in reorganizing the work of a provider to take full advantage of the features of health IT in pursuit of meaningful use of health IT to improve healthcare. **Reference:** <http://healthit.bhs.gov/>

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/>

Programmers and Software Engineer: Individuals in these roles will be the architects and developers of advanced health IT solutions. **Reference:** <http://healthit.hhs.gov/>

Prospective Payment Hospital (PPS): Section 1886(d) of the Social Security Act (the Act) sets forth a system of payment for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates. This payment system is referred to as the inpatient prospective payment system (IPPS). Under the IPPS, each case is categorized into a diagnosis-related group (DRG). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG. **Reference:** <https://www.cms.gov/AcuteInpatientPPS/>

Protected health Information (PHI): The definition contained in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. 160.103.

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
and

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 Informatics: Systematic application of information and computer science and technology to public health practice, research, and learning. **Reference:** Yasnoff, William A.; et al. Public Health Informatics: Improving and Transforming Public Health in the Information Age. *Journal of Public Health Management and Practice*, 2000: 67 - 75.

Public Health Informatics and Technology Program Office (PHITPO): PHITPO, part of the CDC's Office of Surveillance, Epidemiology, and Laboratory Services, supports health and public health practice by advancing better management and use of information and knowledge. **Reference:** http://www.cdc.gov/osels/ph_informatics_technology/index.html

Public Health Leader: Individuals in this role will be able to lead the successful deployment and use of health IT to achieve transformational improvement in the quality, safety, outcomes, and thus in the value of health services. **Reference:** <http://healthit.hhs.gov/>

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***

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. **Reference:** <http://www.cms.hhs.gov/qio/> *See also: **Stratis Health***

Reciprocal Agreement: An arrangement in which two or more health information exchange service providers agree to share in-kind services and resources to allow for the pass-through of Meaningful Use transactions.

Record Locator Service (RLS): An electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers. **Reference:** Minn. Stat. §144.291 sub.2(i)

Research and Development Scientist: These individuals will support efforts to create innovative models and solutions that advance the capacities of health IT and conduct studies on the effectiveness of health IT and its effect on health care quality. **Reference:** <http://healthit.hhs.gov/>

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

and

An 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.

Reference: <http://www.calrhio.org/about/faq.php#> See also: *HIE (Health Information Exchange)* or *HIO (Health Information Organization)*

Risk Management Process: The process of managing risks to agency operations (including mission, functions, image, or reputation), agency assets, or individuals resulting from the operation of an information system. It includes risk assessment; cost-benefit analysis; the selection, implementation, and assessment of security controls; and the formal authorization to operate the system. The process considers effectiveness, efficiency, and constraints due to laws, directives, policies, or regulations. **Reference:** <http://www.nist.gov>

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)*

Rural Health Clinic (RHC): The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas and to increase the utilization of non-physician practitioners such as nurse practitioners (NP) and physician assistants (PA) in rural areas. There are approximately 3,800 RHCs nationwide that provide access to primary care services in rural areas. **Reference:**

<https://www.cms.gov/MLNProducts/downloads/RuralHlthClinfctshst.pdf>

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>

RxNorm: RxNorm provides normalized names for clinical drugs and links its names to many of the drug vocabularies commonly used in pharmacy management and drug interaction software, including those of

First Databank, Micromedex, MediSpan, Gold Standard Alchemy, and Multum. By providing links between these vocabularies, RxNorm can mediate messages between systems not using the same software and vocabulary. **Reference:** <http://www.nlm.nih.gov/research/umls/rxnorm/>

SAMHSA (Substance Abuse and Mental Health Services Administration): SAMHSA was established in 1992 and directed by Congress to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. **Reference:** <http://www.samhsa.gov/>

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 Minnesota 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, HL7, SNOMED or LOINC*

Secure Messaging: Secure messaging is an approach to protect sensitive data using industry standards. It includes security features that go beyond typical email to (1) protect the confidentiality and integrity of sensitive data transmitted between systems or organizations and (2) provides proof of the origin of the data. Secure messages are encrypted bi-directionally and are stored on network or internet servers that are protected by login. Secure messaging functionality may be integrated with the EHR or maintained in a system separate and distinct from the EHR. **Reference:** adapted from National Institute of Standards and Technology, www.nist.gov/index.html

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 smart card 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 1: Recognition of the need for HIE among multiple stakeholders in your state, region, or community

Stage 2: Getting organized by defining shared vision, goals, & objectives, identifying funding sources, and setting up legal & governance structures

Stage 3: Transferring vision, goals, & objectives to tactics and business plan, defining needs and requirements and securing funding

Stage 4: Well under-way with implementation – technical, financial, and legal

Stage 5: Fully operational health information organization; transmitting data that is being used by healthcare stakeholders

Stage 6: Fully operational health information organization; transmitting data that is being used by healthcare stakeholders and have a sustainable business model

Stage 7: Demonstration of expansion of organization to encompass a broader coalition of stakeholders than present in the initial operational model. **Reference:** <http://www.ehealthinitiative.org/HIESurvey/>

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."

Stage 1 Meaningful Use: Initial Meaningful Use criteria in the phased approach to meaningful use of certified electronic health record technology and which outlines the requirements to obtain incentive payments for eligible professionals and hospitals as established by the Center for Medicare and Medicaid Services ("CMS") and the Minnesota Department of Human Services ("DHS") pursuant to sections 4101, 4102 and 4201 of the HITECH Act. **References:** <http://www.health.state.mn.us/e-health/muhome.html> or http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_145261#P81_7220 or <http://healthit.hhs.gov/portal/server.pt?open=512&objID=2996&mode=2>

State-Certified Health Data Intermediary: A health data intermediary that:

- provides a subset of the Meaningful Use transaction capabilities necessary for hospitals and providers to achieve Meaningful Use of electronic health records;
- is not exclusively engaged in the exchange of Meaningful Use transactions covered by Minn. Stat. §62J.536; and
- has been issued a certificate of authority to operate in Minnesota.

Reference: Minn. Stat. §62J.498 sub. 1(o)

State-Certified Health Information Organization: A nonprofit health information organization that provides transaction capabilities necessary to fully support clinical transactions required for Meaningful Use of electronic health records that has been issued a certificate of authority to operate in Minnesota. **Reference:** Minn. Stat. §62J.498 sub.1(p)

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: *QIO, DOQ-IT*

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.

Technical/Software Support Staff: Workers in this role maintain systems in clinical and public health settings, including patching and upgrading of software. **Reference:** <http://healthit.hhs.gov/>

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). **Reference:** <http://www.mntelehealthnetwork.org/index.html>

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.

Trainers: Workers in this role design and deliver training programs, using adult learning principles, to employees in clinical and public health settings. **Reference:** <http://healthit.hhs.gov/>

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. **Reference:** <http://www.nlm.nih.gov/research/umls/>

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): The Veterans Health Administration (VHA) provides all health care services to veterans through VA Medical Centers, Ambulatory Care and Community-Based Outpatient Clinics and more. The VHA is a pioneer in the development and use of electronic health records. **Reference:** <http://www1.va.gov/health/default.asp>

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

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*

VOIP (Voice Over Internet Protocol): is a technology that allows you to make voice calls using a broadband Internet connection instead of a regular (or analog) phone line. **Reference:** <http://www.fcc.gov/voip/>

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): In Minnesota, the e-Health Initiative has five Workgroups: Health Information Exchange; Adoption and Meaningful Use; Standards and Interoperability; Privacy, Legal and Policy, and Communications and Outreach. These workgroups are a way to convene stakeholders to recommend a framework for health information exchange that will provide the foundation for the statewide strategic and operational HIE plans. This framework in turn will enable Minnesota providers to achieve meaningful use and meet requirements of section 3013 of the HITECH Act. **Reference:** <http://www.health.state.mn.us/e-health/wgshome.html>

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/>