

Glossary of Commonly Used Healthcare Terminology

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Term/Acronym	Definition
Accountable Care Organization (ACO)	An accountable care organization is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.
Active Care Relationship	(a) For health providers, a patient who has been seen by a provider within the past 24 months, or is considered part of the health provider's active patient population they are responsible for managing, unless notice of termination of that treatment relationship has been provided to HIE; (b) for payers, an eligible member of a health plan; (c) an active relationship between a patient and care manager or other person or organization for the purpose of treatment, payment or operations; or (d) a relationship with a health provider asserted by a consumer and approved by such health provider.
Advance Directive	A document in which a person specifies what type of medical care they want in the future, or who should make medical decisions if they become unable to make decisions for themselves.
Application Programming Interface (API)	An application programming interface is a set of routines, protocols, and tools for building software applications.
Attribution	The connection between a consumer and their health care providers. Assigning a provider or providers, who will be held accountable for a member based on an analysis of that member's claim data. The attributed provider is deemed responsible for the patient's cost and quality of care, regardless of which providers actually deliver the service.



Authentication Method or methods employed to prove that the person or entity accessing information has the proper authorization. Generally used to protect confidential information by limiting access to networks or applications to authorized personnel.

Business Associate A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Business Associate Agreement A covered entity's contract or other written arrangement with its business associate must contain the elements specified at 45 CFR 164.504(e). The contract must: Describe the permitted and required uses of protected health information by the business associate; Provide that the business associate will not use or further disclose the protected health information other than as permitted or required by the contract or as required by law; and Require the business associate to use appropriate safeguards to prevent a use or disclosure of the protected health information other than as provided for by the contract.

Cancer Registry This registry collects information about the occurrence (incidence) of cancer, the types of cancers that occur and their locations within the body, the extent of cancer at the time of diagnosis (disease stage), and the kinds of treatment that patients receive. These data are reported to a central statewide registry from various medical facilities. Data collected by state cancer registries enable public health professionals to better understand and address the cancer burden.

Caregiver An individual such as a health professional or social worker who assists in the identification, prevention or treatment of an illness or disability. The term also extends to family members and designees as identified by the patient.



Centers for Medicare and Medicaid Services (CMS) The federal agency within the US Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards.

Consent A healthcare consumer's agreement to allow healthcare providers and/or associated organizations to share his/her healthcare data with specified authorized recipients.

Consent Directive The legal record of a healthcare consumer's agreement with a party responsible for enforcing the consumer's choices, which permits or denies identified actors or roles to perform actions affecting the consumer within a given context for specific purposes and periods of time. The context may specify any organizational or jurisdictional policies, which may limit the consumer's preferences related to information sharing, participation in a clinical research trial, care when disabled, and undergoing a medical procedure.

Consolidated Clinical Document Architecture (C-CDA) The standard format/template for documents (CCD, Discharge Summaries, etc.) that can be shared by all computer applications, including web browsers, electronic medical record (EMR) and electronic health record (EHR) software systems.

Consumer Any actual or potential recipient of healthcare or behavioral health services, such as a patient in a hospital, a client in a community mental health center, or a member of a prepaid health maintenance organization.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Consumer Assessment of Healthcare Providers and Systems is a series of patient surveys rating health care experiences in the United States.

Continuity of Care Document (CCD) CCD stands for Continuity of Care Document and is based on the HL7 Clinical Document Architecture. Clinical Document Architecture, is a document standard, governed by the HL7 organization.



Covered Entity	Under HIPAA, a health plan, a health care clearinghouse, or a healthcare provider who transmits any health information in electronic form in connection with a HIPAA-covered transaction.
Clinical Quality Measure (CQM)	Clinical quality measures are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system.
Critical Access Hospital (CAH)	A hospital certified under a set of Medicare Conditions of Participation, which are structured differently than the acute care hospital Conditions of Participation. Some of the requirements for CAH certification include having no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, 7-day-a-week emergency care; and being located in a rural area, at least 35 miles drive away from any other hospital or CAH.
Data Sharing Agreement	Any data sharing organization agreement signed by both a HIE and participating organization.
Data Use and Reciprocal Support Agreement (DURSA)	A comprehensive, multi-party trust agreement that is entered into voluntarily by public and private organizations that desire to engage in electronic health information exchange with each other as part of the eHealth Exchange.
De-identified Data	Data that had been de-identified of personal information linking the data to the identity of the patient to which it corresponds. The process of de-identification, by which identifiers are removed from the health information, mitigates privacy risks to individuals and thereby supports the secondary use of data for comparative effectiveness studies, policy assessment, life sciences research, and other endeavors.
DIRECT Secure Messaging	Direct secure messaging (DSM) is a secure, encrypted web-based communication system for physicians, nurse practitioners, physician assistants, and other healthcare providers to share protected health information (PHI).



Electronic Address A string that identifies the transport protocol and end point address for communicating electronically with a recipient. A recipient may be a person, organization or other entity that has designated the electronic address as the point at which it will receive electronic messages.

eCQM Electronic clinical quality measures; In order to report clinical quality measures (CQMs) from a EHR electronic specifications must be developed for each CQM. The specifications include the data elements, logic and definitions for that measure in an Health Level Seven (HL7) standard known as the Health Quality Measures Format (HQMF) which represents a clinical quality measure as an electronic Extensible Markup Language (XML) document that can be captured or stored in the EHR so that the data can be sent or shared electronically.

Electronic Medical Record (EMR) or Electronic Health Record (EHR) An electronic version of a patient’s medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that person’s care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports

Eligible Hospital (EH) An Eligible Hospital as defined under the Medicaid EHR Incentive Program.

Eligible Professional (EP) An Eligible Professional as defined under the Medicaid EHR Incentive Program.

Health Information Any information, including genetic information, whether oral or recorded in any form or medium, that (a) is created or received by a health professional, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.



Health Information Exchange (HIE)	The term "HIE" can mean either the verb (the electronic exchange of health-related data) or the noun (organizations dedicated to the secure exchange of health-related data). These organizations or group of organizations are responsible for coordinating the exchange of protected health information (PHI) in a region, state, or nationally. Also known as a Health Information Organization (HIO)
Health Information Network (HIN)	A HIN, used instead of HIE, is a set of standards, services, legal agreements, and governance that enable the Internet to be used for secure and meaningful exchange of health information to improve health care. In places like Michigan this is being used to connect regional HIEs under shared standards
Health Information Technology for Economic and Clinical Health Act (HITECH)	Enacted as part of the American Recovery and Reinvestment Act of 2009, HITECH aims to enable coordination and alignment within and among states, establish connectivity to the public health community in case of emergencies, and assure the workforce is properly trained and equipped to be meaningful users of EHRs.
Health Level 7 (HL7)	An interface standard and specifications for clinical and administrative healthcare data developed by the American National Standards Institute. HL7 provides a method for disparate systems to communicate clinical and administrative information in a normalized format with acknowledgement of receipt
Health Plan	An individual or group plan that provides, or pays the cost of medical care (as defined in section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). Health Plan further includes those entities defined as a health plan under HIPAA, 45 CFR 160.103.
Health Professional or Health Provider	(a) Any individual licensed, registered, or certified under Federal or State laws or regulations to provide health care services; (b) any person holding a non-clinical position within or associated with an organization that provides healthcare or healthcare related services; and (c) people who contribute to the gathering, recording, processing, analysis or communication of Health Information.



Health Provider Directory	A shared service that contains contact information on health professionals, facility/hospital, other healthcare organizations, electronic addresses, end points, and electronic service information, as a resource for authorized users to obtain contact information and securely exchange health information.
Health Insurance Portability and Accountability Act (HIPAA)	The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.
Hospital Consumer Assessment of Health Plans Survey (HCAHPS)	The Hospital Consumer Assessment of Healthcare Providers and Systems is a standardized patient satisfaction survey for participating hospitals across the United States.
Immunization Registry	A centralized database for tracking the immunizations in a defined patient population. Often used for population health analytics.
Information Source	Any organization that provides information that is added to a HIE Infrastructure Service.
Interoperability	The ability for systems to exchange data and operate in a coordinated, seamless manner.



MACRA The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule and replaced it with a new approach to payment called the Quality Payment Program that rewards the delivery of high-quality patient care through two options: Advanced Alternative Payment Models (Advanced APMs) and the Merit-based Incentive Payment System (MIPS) for eligible clinicians or groups under the physician fee schedule.

MIPS The Merit-based Incentive Payment System (MIPS) is a Quality Payment Program that aims to incentivizes providers for providing higher quality care. MIPS combines the existing Medicare Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) programs.

Master Person Index (MPI) Stores, and cross references, the unique ID for every patient in the HIE.

Master Use Case Agreement Legal document covering expected rules of engagement across all use cases. Trusted data sharing organizations sign master use case agreement one time, then sign use case exhibits for participation in specific use cases.

Meaningful Use (MU) A tiered set of objectives related to the ARRA Medicare and Medicaid EHR incentive programs. Meaningful Use criteria must be met by eligible professionals and hospitals if they are to collect financial rewards for the implementation of qualified, certified EHRs to achieve health and efficiency goals. According to the October 2016 final MACRA rule MU will become part of the quality payment program.

Message A mechanism for exchanging message content between the participating organization to HIE services, including find and retrieve.



Message Content Information which is sent, received, found or used by a participating organization to or from HIE Services, including, but not limited to, PHI, common keys, de-identified data, metadata, Digital Credentials, and data schema. Message Content includes the Message Content Header.

Message Header The MSH segment present in every HL7 message type that defines the message's source, purpose, destination, and certain syntax specifics such as delimiters (separator characters) and character sets. It is always the first segment in the HL7 message, with the only exception being HL7 batch messages.

Negative Acknowledgment “Not acknowledged” and is used to negatively acknowledge or to reject previously received message content or to indicate some kind of error.

Notice A message transmission that is not message content and which may include but not be limited to an acknowledgement of receipt or error response.

Patient Data Any data about a patient or a consumer that is electronically filed in a participating organization or organization’s systems or repositories. The data may contain protected health information, personal credit information, or personally identifiable information.

Person Record Any record in a HIE Infrastructure Service that primarily relates to an individual person.

Pilot Activity The activities set forth in an applicable exhibit and typically includes sharing message content through early trials of a new use case that is still being defined and is still under development and which may include participating organization feedback to the HIE to assist in finalizing a use case and use case exhibit upon conclusion of the pilot activity.

Portal Provides independent, personal access to the HIE for the treating physician or for the patient to view and access information, which can include hospital paperwork, appointment information and personal health information.



Prescription Drug Monitoring Program (PDMP)	Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients.
Protected Health Information (PHI)	All individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. Protected by the requirements of the HIPAA Privacy Rule.
Regional Health Information Organization (RHIO)	An inter- or intrastate organization formed to improve the quality, security, and privacy of health information exchange.
Reportable Labs	The electronic transmission from laboratories to public health of laboratory reports which identify reportable conditions.
Send / Receive / Find / Use	Defined as sending, receiving, finding, or using message content. Sending involves transport of message content. Receiving involves accepting and possibly consuming/storing message content. Finding means querying to locate message content. Using means any use of the message content other than sending, receiving and finding.
Service Interruption	A party is unable to send, receive or find message content for any reason, including but not limited to the failure of network equipment or software, scheduled or unscheduled maintenance, general Internet outages, and events of force majeure.
Source System	A computer system, such as an electronic health record system, at the participating organization, that sends, receives, finds or uses message content or notices.
Specially Protected Information	Specially protected information has tighter constraints around sharing than regular PHI. It may include HIV status information, mental health information, or substance abuse and treatment records. Legislated on a state by state basis.



Stakeholder In regards to health information exchange stakeholders include health care providers, patients, payers, public health agencies, medical researchers, health technology and information experts, consumers, employers, attorneys, and others.

Standard Standardization of data are necessary for information flow through the national health information infrastructure. With common standards, clinical and patient safety systems can share an integrated information infrastructure whereby data are collected and reused for multiple purposes to meet more efficiently the broad scope of data collection and reporting requirements. Common data standards also support effective assimilation of new knowledge into decision support tools.

Statewide Consumer Directory A HIE Infrastructure Service that helps organizations provide tools giving consumers the ability to manage how their personal Health Information can be shared and used. It also gives healthcare providers a centralized service to find a patient's care team, locate critical patient documents, identify where to send patient information and recognize patient consent designations.

Syndromic Surveillance Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

Telehealth The use of telecommunications and electronic information to support long-distance clinical healthcare.



The Sequoia Project The Sequoia Project, (formerly known as Healtheway) is a non-profit 501c3 chartered to advance implementation of secure, interoperable nationwide health information exchange. The Sequoia Project supports multiple, independent health IT interoperability initiatives, most notably: the eHealth Exchange, the nation’s largest health data sharing network of participants who share information under a common trust framework and a common set of rules; and Carequality, a public-private collaborative effort to build consensus among existing data sharing networks regarding technical specifications and best practices.

Transactional Basis The transmission of message content or a notice within a period of time of receiving message Content or notice from a sending or receiving party as may be further set forth in a specific exhibit.

Transitions of Care The movement of a patient from one setting of care (e.g. hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, rehabilitation facility) to another and can include transfers within a healthcare organization.

Trusted Data Sharing Organization An organization that has signed any form of agreement with a HIE for data sharing.

Use Case A specific scenario or group of scenarios for sharing patient health information.

Use Case Exhibit The legal agreement attached as an exhibit to the Master Use Case Agreement that governs participation in any specific Use Case.

View Download Transmit A requirement for Meaningful Use with the objective to provide patients with the ability to view online, download and transmit their health information within four business days of the information being available to an Eligible Professional.



XCA The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Community Access to support the means to find and retrieve patient relevant healthcare data held by other communities.

XDS.b The IHE (Integrating the Healthcare Enterprise®) standard for Cross-Enterprise Document Sharing revision b, to support the means to find and retrieve patient relevant healthcare data held within a community.

