GLOSSARY – JARGON – MEDICAL TERMS

ACA	Affordable Care Act – a.k.a. "Obama Care"
Administrator	The company that offers health insurance products to purchasers and members (a.k.a. Payor).
ARR – Absolute risk reduction	The arithmetic difference in risk or outcomes between treatment and control groups. Example: if mortality is 10% in controls and 9% with treatment, ARR = 10 – 9 = 1%
ASO	Administrative Services Only – A claims processing company usually doing business with self-insured employers to administer a benefit plan. No risk management cost.
Bayesian Probability	In medicine an extension of subjective rather than objective assessment of the state of knowledge that measures "personal belief".
Boolean Algebra	Any of various algebraic systems based on mathematical forms and relationships borrowed from the symbolic logic of George Boole.
CPT 2009	Current Procedural Terminology - A standardized medical coding scheme developed by the AMA listing thousands of medical services - updated annually.
DSM	Diagnostic and Statistical Manual of Mental Disorders - a standardized coding scheme developed by American Psychiatric Association listing mental health conditions and their diagnosis
EHR	Electronic Health Record (Patient medical charts kept in computer files), a requirement of HIPAA (
Epistemology	A theory of the nature and grounds of knowledge
FFS	Fee For Service. Payment methodology whereby Providers are paid individual fees for each service documented and billed. May be paid by the patient or the Payor (Insurance Company).
HIPAA	Health Insurance Portability and Accountability Act. Required providers to comply with specific regulations regarding medical records and billing.
ICD 9-CM	International Classification of Diseased - a standardized medical coding scheme for categories of disease developed by World Health Organization listing thousands of conditions.
Inference Engine	The goal oriented part of the system that controls the procedural knowledge.
Insured	The person eligible for insurance coverage under a FFS Indemnity Insurance Company. Also know as "Member" or "Enrollee" in various health care plans.
Invasive Procedures	Medical procedures that involve the introduction of a medical device below the level of the skin.
Iteration	To say or perform again; Repeating; Repetitious; Frequentative
Knowledge Base	The place where declarative knowledge resides (example: the book where knowledge resides).
Knowledge Based Systems	Derived from research or artificial intelligence and are problem solving systems which emulate the cognitive processes of skilled decision makers
Knowledge Processing	Problem solving using background knowledge applied to a specific situation.
Knowledge, Declarative	That which is known by past training or experience (example: knowing a list of phone numbers or how to remove a gall bladder).
LR – Likelihood ratio	LR>1 indicates an increased likelihood of disease, LR<1 indicates a decreased likelihood of disease. The most helpful tests generally have a ratio of less than 0.2 or greater than 5.
MBS	Medicare Benefit Structure. The minimum benefits defined by Congress that all Medicare "Insurance" plans must cover.

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MCO	Managed Care Organization (usually is a HMO)
Medicare RBRVS	Federally mandated Medicare "Resource Based Relative Value Scale".
Medicare RBRVS 2009: The Physician's Guide	All the elements necessary to calculate the Medicare payment schedule.
Member	The insured individual covered by the various health insurance products issued by Health Improvement Organizations. Also known as the "Patient" or "Enrollee" (by Medicare).
Meta-analysis	A type of systematic review that uses rigorous statistical methods to quantitatively synthesize the results of multiple similar studies.
MSA	Metropolitan Service Area – Geographically specified areas defined by Congress used to determine average Medicare/Medicaid costs and establish locally specific Medicare Fee Schedules.
NDC	National Drug Compendium - a standardized medical coding scheme listing drugs and medical devices - United States Pharmacopeia/National Formulary (USP/NF).
Ninety Five Percent Confidence Interval	95% CI – An estimate of certainty.
NNH – Number needed to harm	The number of patients who need to receive an intervention instead of the alternative in order for one additional patient to experience an adverse event.
NNT – Number needed to treat	The number of patients who need to receive an intervention instead of the alternative in order for on additional patient to benefit. The NNT is calculated as: 1/ARR. Example: if the ARR is 5 percent, the NNT = 1/5% = 1/0.05 = 20
Nosology	A system of classification.
Organization Integration	The process of change management by which workflow is evolved into the future workflow with the proper management incentive.
Patient	The person considered an "Enrollee" by Medicare, an "Insured" by an Indemnity Company or a "Member" of an HMO.
PBM	Pharmacy Benefit Manager – Usually uses the MCO Formulary.
POS – POINT OF SERVICE	The place where medical decisions and made and medical care is delivered (e.g., Provider's Office, Hospital, Emergency Room, etc.).
Post-test probability	Probability of disease after a test is performed.
Pretest probability	Probability of disease before a test is performed
Procedural Knowledge	Knowing how to do something that is known (example: knowing how to look up a phone number).
PRO—Professional Review Organization	A government administrative team of medical professionals employed to review physician practices.
Prototype	A model system.
Provider	The medical professional or institution that provides the medical services to the insured population covered by the various health insurance products. Synonymous with Physician or other medical personal administering a service to a patient (insured, enrollee, member).
Purchaser	The employer group that has selected ("Purchased") one of the various health insurance products marketed by Insurance Carriers, ASOs and HMOs. Synonymous with "Payor".
PV(+ -) – Predictive value (Positive & Negative)	Percentage of patients with a positive or negative test for a disease who do or do not have the disease in question.

GLOSSARY – JARGON – MEDICAL TERMS

RRD – Relative risk reduction	The percentage difference in risk or outcomes between treatment and control groups. Example: if mortality is 10 % in controls and 9% with treatment, RRR is (10-9)/10 = 10%
Setting	The location where health care services are provided (example: inpatient facility, nursing home, etc.).
Single Payer System	The concept of one Insurance/claims processing company administering all payment for government programs for all enrollees across all states.
SN – Sensitivity	Percentage of patients with disease who have a positive test for the disease in question.
Sp – Specificity	Percentage of patients without disease who have a negative test for the disease in question.
Systematic review	A type of review article that uses explicit methods to comprehensively analyze and qualitatively synthesize information from multiple studies.
Technical Integration	Communication of data between systems.
TPA – Third Party Administrator	See ASO – These organization process claims for self-insured large corporations. The corp. budgets for medical losses and obtains Re-Insurance for very large claims.
URO	Utilization Review Organization – Usually a free standing organization of medical professionals that contract with an ASO or Insurance Company to provide Precertification.