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Awardee of The Office of the National Coordinator for  
Health Information Technology

# **Component 1: Introduction to Healthcare and Public Health in the US**

## **Instructor Manual**

**Version 3.0/Spring 2012**

## **Notes to Instructors**

This Instructor Manual is a resource for instructors using this component. Each component is broken down into units, which include the following elements:

- Learning objectives
- Suggested student readings, texts, reference links to supplement the narrated PowerPoint slides
- Lectures (voiceover PowerPoint in Flash format); PowerPoint slides (Microsoft PowerPoint format), lecture transcripts (Microsoft Word format); and audio files (MP3 format) for each lecture
- Self-assessment questions reflecting Unit Objectives with answer keys and/or expected outcomes
- Application Activities (e.g., discussion questions, assignments, projects) with instructor guidelines, answer keys and/or expected outcomes

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## **Component Overview**

This component is a survey of how healthcare and public health are organized and services delivered in the US. It covers public policy, relevant organizations and their interrelationships, professional roles, legal and regulatory issues, and payment systems. It also addresses health reform initiatives in the US.

## **Component Objectives**

At the completion of this component, the student will be able to:

1. Define healthcare terms.
2. Describe paradigm shifts in healthcare.
3. Describe the medical model of healthcare in the US.
4. Describe the administrative and functional organization of entities that deliver healthcare in the US, both in the inpatient as well as the outpatient settings.
5. Discuss the role of various healthcare professionals, their education, and certification/licensure requirements.
6. Distinguish between public and private funding for healthcare.
7. Describe healthcare financing structures, including insurance plans, third-party payers, Medicare, and Medicaid.
8. Describe the organization and structures of Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Independent Practice Associations (IPAs).
9. Describe methods of billing and reimbursement in healthcare.
10. Describe elements of coding and charge capture in healthcare.
11. Compare and contrast the function of the Joint Commission, Food and Drug Administration (FDA), Centers for Disease Control (CDC), and National Institutes of Health (NIH), with an emphasis on Electronic Health Records (EHRs).
12. Discuss legal issues in medicine including the Health Insurance Portability and Accountability Act (HIPAA), confidentiality, medical malpractice, and tort reform.
13. Describe the organization of public health in the US at the federal, state, and local levels, and discuss the role of public health in averting epidemics and bioterrorism.
14. Describe evidence-based medicine, clinical practice guidelines, and quality indicators in medicine. Identify key organizations involved in developing clinical guidelines.
15. Discuss the key issues driving healthcare reform in the US.
16. Describe the implementation of meaningful use of health information technology in the context of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

**Component Authors****Assigned Institution**

Oregon Health & Science University  
Portland, OR

**Team Lead**

Vishnu Mohan, MD  
Oregon Health & Science University

**Primary Contributing Authors**

Thomas Blehl, MD  
Valencia Community College, FL

Karen Eden, PhD  
Oregon Health & Science University

Bill Hersh, MD  
Oregon Health & Science University

JA Magnuson, PhD  
Oregon Health & Science University

Vishnu Mohan, MD  
Oregon Health & Science University

Joanne Valerius, MPH, RHIA  
Oregon Health & Science University

**Lecture Narration**

Voiceover Talent  
Connie Bowman

**Sound Engineer**

Mike Collins, Glenwood Sound  
Baltimore, MD / Washington, DC

## **Team Members**

Shelby Acteson, MEd  
Instructional Specialist  
Oregon Health & Science University

Corkey Devlin, BFA, PMP  
Project Manager  
Oregon Health & Science University

William Hersh, MD  
Principal Investigator  
Professor and Chair of the Department of Medical Informatics  
Oregon Health & Science University

Nathan Skidmore, BA  
Instructional Design Assistant  
Oregon Health & Science University

Chris Weldon, BS  
Web Specialist  
Oregon Health & Science University

## Disclaimer

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*Likewise, the above also applies to the Curriculum Development Centers (including Columbia University, Duke University, Johns Hopkins University, Oregon Health & Science University, University of Alabama at Birmingham, and their affiliated entities).*

## **Component 1/Unit 1**

### **Unit Title**

#### **Introduction and History of Modern Healthcare in the US**

### **Unit Description**

*This introductory unit covers definitions of terms used in the component, with an emphasis on paradigm shifts in healthcare, including the transition from physician-centric to patient-centric care, the transition from individual care to interdisciplinary team-based care, and the central role of technology in healthcare delivery. This unit also emphasizes the core values in US healthcare.*

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Delineate key definitions in the healthcare domain (Lectures a, b, c, d)
2. Explore components of healthcare delivery and healthcare systems (Lecture a)
3. Define public health and review examples of improvements in public health (Lecture b)
4. Discuss core values and paradigm shifts in US healthcare (Lecture c)
5. Describe in overview terms, the technology used in the delivery and administration of healthcare (Lecture d)

### **Unit Topics/Lecture Titles**

1. Description of terms commonly used in healthcare including:
  - a) Health
  - b) Healthcare
  - c) Healthcare Delivery
  - d) Healthcare Industry
  - e) Healthcare Systems
  - f) Public Health
2. Core values in US healthcare
3. Discussion of critical paradigm shifts in medicine including
  - a) Physician-centric to patient-centric care
  - b) Individual to team-based care
  - c) Physician-kept records to personal health records
  - d) Dominance of technology in healthcare delivery
4. The dominant role of technology in healthcare delivery - technology used in the delivery and administration of healthcare, with emphasis on technology used in:
  - a) Clinical medicine
  - b) Telemedicine
  - c) Pharmacy

- d) Radiology
- e) Rehabilitation
- f) Dentistry
- g) Healthcare education

## **Unit References**

### **Lecture 1a**

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### **Lecture 1a Charts, Tables and Figures**

- 1.1 Table: *BLS Quarterly Census of Employment and Wages, 2008.* (2008). Retrieved December 6, 2011, from US Bureau of Labor Statistics website: <http://www.bls.gov/cew/>.

### **Lecture 1b**

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<http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-public/20080827er-visits.html>
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### **Student Application Activities**

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 comp1\_unit1\_discuss\_key.doc  
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## **Component 1/Unit 2**

### **Unit Title**

#### **Delivering Healthcare (Part 1)**

### **Unit Description**

This unit depicts the medical model of healthcare in the US, with an overview of the organization of healthcare and the physical structure of healthcare delivery in the outpatient, inpatient and long-term care settings, including an overview of the organization of the Veterans Affairs (VA) system. This unit is intended primarily for the student who does not have a background in healthcare, though the topics of this unit will be described at a relatively advanced level.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Describe the organization of healthcare at the federal, state and local levels (Lecture a)
2. Describe the organization of the VA system and Military Health System (Lecture b)
3. Describe the structure and function of hospital clinical and administrative units (Lecture c)
4. Describe different types of long term care facilities, with an emphasis on their function (Lecture d)

### **Unit Topics/Lectures**

1. The organization of healthcare at the federal, state and local levels
2. The organization of the VA system and Military Health System
3. Outpatient clinics and hospitals
  - a) Individual and group practices
  - b) Managed care
  - c) Urgent care
  - d) Community health centers
  - e) Types of hospitals (community, teaching/research, critical access)
4. Post-acute care, long-term care, non-traditional settings
  - a) School-based healthcare
  - b) Health issues for older adults
  - c) Types of long-term care facilities and services for older adults
  - d) Other long-term healthcare settings
  - e) Other hospitals (Specialty, Rehabilitation Care, Psychiatric, Day)
  - f) Community Mental Health Centers, Substance Abuse Treatment Centers)

## Unit References

### Lecture 2a

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## Lecture 2a Images

Slide 5: US Department of Health and Human Services organizational chart. Available from <http://www.hhs.gov/about/orgchart/>

## Lecture 2b

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## Lecture 2b Charts, Tables, Figures

1.2 Chart: Organizational chart for the Department of Veterans Affairs. Structure of the VA. Available from <http://www.va.gov/ofcadmin/docs/vaorgchart.pdf>

1.3 Chart: VA Services.

1.4 Chart: Post-traumatic stress disorder, traumatic brain injury

## Images

Slide 13: Map of Veteran's Integrated Services Network , or VISN, units in the US. Available from <http://www2.va.gov/directory/guide/division.asp?dnum=1>

## Lecture 2c

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### **Lecture 2d**

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## **Component 1/Unit 3**

### **Unit Title**

#### **Delivering Healthcare (Part 2)**

### **Unit Description:**

This unit depicts the medical model of healthcare in the US, with an overview of the organization of healthcare and the physical structure of healthcare delivery in the outpatient setting, including an overview of the people involved in the delivery of healthcare, their education and licensing. This unit is intended primarily for the student who does not have a background in healthcare, though the topics of this unit will be described at a relatively advanced level.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Describe the organization of clinical healthcare delivery in the outpatient setting, and the organization of outpatient healthcare (Lectures a, b, c)
2. Describe the organization of ancillary healthcare delivery in the outpatient setting (Lecture d)
3. Discuss the role of different healthcare providers, with an emphasis on the delivery of care in an interdisciplinary setting (Lecture e)

### **Unit Topics/Lectures**

1. Outpatient care
  - a) Types of outpatient clinics
  - b) Primary care
  - c) Primary Care Specialties
  - d) Specialty Care
  - e) Urgent care clinics and walk-in clinics
  - f) Emergency Room visits
2. Outpatient laboratories, radiological services, and ancillary services ( e.g. home health, hospice, physical therapy, occupational therapy)
3. Organization of Primary Care – the Clinical Team

### **Unit References**

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Slide 8: Image from Institute of Medicine: Primary Care: America's Health in a New Era, The National Academies Press, 1996.

### **Lecture 3b**

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### **Lecture 3d**

1. Rontgen, Wilhelm (1895); Picture of first X-ray taken of his wife's hand. The bones and her ring can be seen, similar to modern x-rays.  
<http://www.molecularpathology.org.uk>

### **Lecture 3d Images**

3.2 Image of first X-ray taken by Wilhelm Rontgen in 1895, of his wife's hand. The bones and her ring can be seen, similar to modern x-rays.

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## **Component 1/Unit 4**

### **Unit Title**

#### **Financing Healthcare (Part 1)**

### **Unit Description**

This unit provides an overview of the role of healthcare in the economy and a description of various models of healthcare financing. The unit provides a history of the current US system and laws that have influenced its development. It also includes discussion of healthcare financing at the governmental, enterprise, and consumer levels.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Understand the importance of the healthcare industry in the US economy and the role of financial management in healthcare. (Lecture b)
2. Describe models of health care financing in the US and in selected other countries. (Lecture c)
3. Describe the history and role of the health insurance industry in financing healthcare in the United States, and Federal laws that have influenced the development of the industry. (Lecture a)
4. Understand the differences among various types of private health insurance and describe the organization and structure of network-based managed care health insurance programs. (Lecture d)
5. Understand the various roles played by government as policy maker, payer, provider, and regulator of healthcare. (Lecture d)
6. Describe the organization and function of Medicare and Medicaid. (Lecture e)

### **Unit Topics/Lectures**

1. Overview: healthcare, the economy, and finance
  - a) Role of healthcare in the economy -- statistics
  - b) Distinction between publically-funded and privatized healthcare
  - c) Need for sound financial management of the healthcare system
2. Single payer systems versus multiple payer systems
3. Development of the US health insurance industry
4. Insurance and third party payers
  - a) Commercial health insurance
  - b) Organization and structure of network-based managed care health insurance programs including
    - o health maintenance organizations (HMOs)

- preferred provider organizations(PPOs)
    - independent practice associations (IPAs)
5. Government roles and payment programs
    - a) Government roles in healthcare
    - b) Government financing of healthcare
      - Medicare
      - Medicaid

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### Lecture 4b Charts, Tables, Figures

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## **Component 1/Unit 5**

### **Unit Title** **Financing Healthcare (Part 2)**

#### **Unit Description**

This unit continues the discussion of healthcare financing at the governmental, organizational, and consumer levels. It describes the revenue cycle for healthcare organizations, identifies the different reimbursement methodologies and standards developed for the billing (reimbursement) process. Finally, this unit reviews some of the factors responsible for the escalating healthcare expenditures in the US and discusses some methods for controlling rising medical costs.

#### **Unit Objectives**

By the end of this unit the student will be able to:

1. Describe the revenue cycle and the billing process undertaken by different healthcare enterprises. (Lecture a)
2. Understand the billing and coding processes, and standard code sets used in the claims process. (Lecture a)
3. Identify different fee-for-service and episode-of-care reimbursement methodologies used by insurers and healthcare organizations in the claims process. (Lecture a)
4. Review factors responsible for escalating healthcare expenditures in the United States. (Lecture b)
5. Discuss methods of controlling rising medical costs. (Lecture c)

#### **Unit Topics/Lectures**

1. Private healthcare plans, the revenue cycle, and medical billing and coding
  - a) Revenue cycle
  - b) Billing and reimbursement in medicine
  - c) Overview of coding concepts - DRGs, ICD-9, CPT
2. Reimbursement methodologies and managed care
  - a) Reimbursement methodologies
  - b) Capitation and managed care techniques
3. Medical expenditures: costs gone wild?
  - a) Factors escalating healthcare expenditures
  - b) The Emergency Medical Treatment and Active Labor (EMTALA) Act and its effect on medicine
  - c) The cost of uninsured care
  - d) The trend of inappropriate use of the Emergency Department (ED) for the delivery of primary care

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4. Controlling medical costs
  - a) Controlling costs in medicine
    - o Reducing excessive expenses in diagnosis
    - o Reducing excessive expenses in management
  - b) The medical home
    - o Concierge medicine

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### **Lecture 5b Charts, Tables and Figures**

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### **Student Application Activities**

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## **Component 1/Unit 6**

### **Unit Title** **Regulating Healthcare**

#### **Unit Description**

This unit provides an overview of the regulation of healthcare, including regulatory and professional organizations, the regulation of safety in medicine, and key legal aspects of medicine. This unit also covers compliance issues including privacy violations, reimbursement and fraud and abuse.

#### **Unit Objectives**

By the end of this unit the student will be able to:

1. Describe the role of accreditation, regulatory bodies, and professional associations in healthcare in the US. (Lecture a)
2. Describe the basic concepts of law in the United States: the legal system, sources of law, classification of laws, the court system, and the trial process. (Lecture b)
3. Describe legal aspects of medicine involving the Affordable Care Act, professional standards in healthcare, medical malpractice, Tort reform, and Medicare and Medicaid Fraud and Abuse (Lecture c)
4. Describe key components of the Health Insurance Portability and Accountability Act (HIPAA) and current issues of privacy and patient safety in the US (Lecture d)
5. Discuss the need for quality clinical documentation for the use of the health record as a legal document, communication tool and a key to prove compliance for healthcare organizations. (Lecture e)

#### **Unit Topics/Lectures**

1. The role of accreditation, regulatory bodies, and professional organizations in health care promoting standardized care and safety for patients.
2. The basic concepts of law in the US including branches of law, sources of law, the court system, classification of laws, and the trial process
3. Review of the Affordable Care Act, medical malpractice and professional standards of care, tort reform and fraud and abuse
4. The role of HIPAA Privacy Rule, the Joint Commission's Safety Initiatives and the Agency for Healthcare Research and Quality (AHRQ)
5. The use of health record as the legal and communication document, quality clinical documentation, compliance with privacy and reimbursement laws and regulations.

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### **Lecture 6a Charts, Tables, Figures**

- 6.1 Figure: Part of Department of Health and Human Services, charged with oversight of the areas displayed. <http://www.fda.gov/> . Accessed April 12, 2011.

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### **Lecture 6b Charts, Tables and Images**

- 6.2 Table: Example of court jurisdiction on various levels of government.
- 6.3 Figure: Two important sub classifications of civil law are contract law and tort law. OHSU (2010).
- 6.4 Figure: The two types of Public Law that have the most effect on individuals are criminal law and administrative law. OHSU (2010).

### **Lecture 6c**

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### Lecture 6c Charts, Tables, Figures

- 6.5 Figure: Diagram showing a few of the many sources that can contribute to a medical standard of care. OHSU (2010).
- 6.6 Chart: Diagram showing how Tort law is the part of private or civil law that deals with malpractice. OHSU (2010).

### Lecture 6c Images

Slide 7: Screenshot of the Affordable Care Act (ACA) Timeline. HealthCare.gov (nd.).  
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## Lecture 6d Charts, Tables, Figures

6.7 Figure: Adapted from

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6.8 Table: The bottom of the AHRQ home page, which can be found at

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6.9 Table: Listing the attributes of Quality & Patient Safety. AHRQ.gov (nd.). From the bottom of the AHRQ home page, which can be found at <http://www.ahrq.gov/>. Last accessed Jan. 2012.

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- 6.10 Figure (left): AHRQ.gov (nd.)  
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- 6.11 Figure (right). Menu of articles on background information and the latest evidence on key topics from the field of health IT.  
[http://healthit.ahrq.gov/portal/server.pt/community/knowledge\\_library/653/key\\_to\\_pics/5664](http://healthit.ahrq.gov/portal/server.pt/community/knowledge_library/653/key_to_pics/5664). From the AHRQ website, <http://www.ahrq.gov/>. Last accessed Jan. 2012.

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## Student Application Activities

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## **Component 1/Unit 7**

### **Unit Title**

#### **Public Health (Part 1)**

### **Unit Description**

This unit provides a discussion of public health origins and history, the differentiation from private health, and the significant value provided by public health. It also reviews important terminology and includes an examination of the general organization of public health agencies and the flow of data within public health.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Discern the main differences and similarities between public and private health (Lecture a)
2. Delineate the historic timeline and achievements of public health in the US (Lecture a)
3. Define and discuss key terminology of public health (Lecture b)
4. Illustrate the general organization of public health agencies and public health data flow (Lecture b)
5. Evaluate and explain the impact and value of public health (Lecture c)

### **Unit Topics / Lecture Titles**

1. History of public health
2. Public health terminology and organization
3. Value and impact of public health

### **Unit References**

#### **Lecture 7a**

1. *Historical Highlights*. (2010). Retrieved December 6, 2011, from US Department of Health & Human Services website: <http://www.hhs.gov/about/hhshist.html>.
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#### **Lecture 7a Charts, Tables and Figures**

7.1 Figure: Severity, Preventability, Prevalence – Created by Magnuson, JA (2010).

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## **Lecture 7b**

1. *Nationally Notifiable Infectious Conditions - United States 2010.* (2010). Retrieved December 6, 2011, from Centers for Disease Control and Prevention - Office of Surveillance, Epidemiology, and Laboratory Services website:  
[http://www.cdc.gov/osels/ph\\_surveillance/nndss/phs/infdis2010.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2010.htm).

## **Lecture 7b Charts, Tables and Figures**

7.2 Chart: Advancing the Health, Safety, and Well-Being of Our People - FY 2011

President's Budget for HHS. (2011). Retrieved December 6, 2011, from Department of Health and Human Services website:  
[http://dhhs.gov/asfr/ob/docbudget/2011budgetinbrief.pdf\\*](http://dhhs.gov/asfr/ob/docbudget/2011budgetinbrief.pdf)

7.3 Chart: The generalized flow of public health data – Created by Magnuson, JA (2011).

## **Lecture 7c**

1. *Leading Causes of Death.* (2007). Retrieved December 6, 2011, from Centers for Disease Control and Prevention website:  
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## **Student Application Activities**

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## **Component 1/Unit 8**

### **Unit Title**

#### **Public Health (Part 2)**

### **Unit Description**

This unit provides an overview of public health topics including: important communicable diseases and public health responses; terrorism, including biological, agricultural, and chemical terrorism; and chronic diseases and environmental health.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Give examples of and explain the general program categories of public health, including communicable disease, chronic disease, terrorism response, and environmental public health (Lecture a)
2. Discuss the activities and achievements of public health in the realm of communicable disease (Lecture a )
3. Compare and contrast the different types of terrorism and the different public health responses (Lecture b )
4. Describe chronic disease activities and achievements of public health, and the work of public health in the realm of environmental health hazards (Lecture c )

### **Unit Topics / Lecture Titles**

1. Public health and communicable disease
2. Public health and terrorism
3. Public health and chronic disease and environmental hazards

### **Unit References**

#### **Lecture 8a**

1. *Nationally Notifiable Infectious Conditions - United States 2010*. (2010). Retrieved December 6, 2011, from Centers for Disease Control and Prevention - Office of Surveillance, Epidemiology, and Laboratory Services website: [http://www.cdc.gov/osels/ph\\_surveillance/nndss/phs/infdis2010.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2010.htm)

#### **Lecture 8b**

1. *Emergency Preparedness and Response - Bioterrorism Agents/Diseases*. (n.d.). Retrieved December 6, 2011, from Centers for Disease Control and Prevention website: <http://www.bt.cdc.gov/agent/agentlist-category.asp>
2. *Emergency Preparedness and Response - Chemical Emergencies*. (n.d.). Retrieved December 6, 2011, from Centers for Disease Control and Prevention website: <http://www.bt.cdc.gov/chemical>

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3. *Emergency Preparedness and Response - Radiation Emergencies*. (n.d.). Retrieved December 6, 2011, from Centers for Disease Control and Prevention website: <http://www.bt.cdc.gov/radiation>

### Lecture 8c

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2. *Chronic Diseases*. (n.d.). Retrieved December 6, 2011, from World Health Organization website: [http://www.who.int/topics/chronic\\_diseases/en/](http://www.who.int/topics/chronic_diseases/en/)
3. *Leading Causes of Death*. (2007). Retrieved December 6, 2011, from Centers for Disease Control and Prevention website: <http://www.cdc.gov/nchs/fastats/lcod.htm>

### Student Application Activities

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## **Component 1/Unit 9**

### **Unit Title**

#### **Healthcare Reform**

### **Unit Description**

This unit provides an overview of healthcare trends including evidence based medicine, quality and practice-care recommendations, comparative effectiveness research, and an overview of healthcare reform initiatives in the US.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Describe evidence-based medicine, clinical practice guidelines, and quality indicators in medicine (Lecture a, b, c)
2. Describe the patient-centered medical home model (Lecture d)
3. Discuss the key issues driving healthcare reform in the US (Lecture e)

### **Unit Topics / Lecture Titles**

1. Evidence based practice
2. Clinical practice guidelines
3. Quality indicators and comparative effectiveness
4. The patient-centered medical home
5. Healthcare reform in the US

### **Unit References**

#### **Lecture 9a**

1. *Clinical Decision Support*. (n.d.). Retrieved December 6, 2011, from HIMSS website: [http://www.himss.org/ASP/topics\\_FocusDynamic.asp?faid=313\\*](http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=313*)
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## **Lecture 9a Charts, Tables and Figures**

- 9.1 Chart: The Hierarchy of Study Designs – adapted from Oxford Center for Evidence-based Medicine - Levels of Evidence . (2009, March). Retrieved December 6, 2011, from Center for Evidence Based Medicine website:  
<http://www.cebm.net/index.aspx?o=1025>
- 9.2 Chart: Oxford Center for Evidence-based Medicine - Levels of Evidence . (2009, March). Retrieved December 6, 2011, from Center for Evidence Based Medicine website: <http://www.cebm.net/index.aspx?o=1025>

## **Lecture 9b**

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## **Lecture 9c**

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2. Comparative Effectiveness Research Funding. (n.d.). Retrieved December 6, 2011, from U.S. Department of Health & Human Services/Recovery website: [http://www.hhs.gov/recovery/programs/cer/index.html\\*](http://www.hhs.gov/recovery/programs/cer/index.html*)
3. Initial National Priorities for Comparative Effectiveness Research. (2009). Retrieved from National Academies Press, Washington DC 20055 website: [http://www.nap.edu/catalog.php?record\\_id=12648#toc](http://www.nap.edu/catalog.php?record_id=12648#toc)
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## **Lecture 9d**

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### Lecture 9e

1. Adamy, J. (2010, June 1). *Grants Aim to Reduce Medical Malpractice Lawsuits*. Retrieved December 6, 2011, from The Wall Street Journal. Politics website: <http://online.wsj.com/article/SB10001424052748704312104575299260780573220.html>
2. Bihari, M. (2010). *Understanding the Medicare Part D Donut Hole Learn About the Medicare Part D Coverage Gap - Hitting the Donut Hole*. Retrieved December 6, 2011, from About.com Health Insurance website: [http://healthinsurance.about.com/od/medicare/a/understanding\\_part\\_d.htm](http://healthinsurance.about.com/od/medicare/a/understanding_part_d.htm)
3. *Emergency Medical Treatment & Labor Act (EMTALA) - Overview*. (2011). Retrieved December 6, 2011, from Centers for Medicare and Medicaid Services website: <https://www.cms.gov/emtala/>
4. *Good News for People with Medicare*. (2010). Retrieved December 6, 2011, from HealthCare.gov. website: <http://www.healthcare.gov/>
5. *Investigation of Defensive Medicine in Massachusetts*. Retrieved December 6, 2011, from Massachusetts Medical Society website: [http://www.massmed.org/AM/Template.cfm?Section=Research\\_Reports\\_and\\_Studies2&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=27797](http://www.massmed.org/AM/Template.cfm?Section=Research_Reports_and_Studies2&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=27797)
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### Student Application Activities

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## **Component 1/Unit 10**

### **Unit Title**

### **Meaningful Use of Health Information Technology**

### **Unit Description**

The Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act (ARRA) legislated incentives for the meaningful use of health information technology. This unit describes the meaningful use program of HITECH, eligibility for incentive payments, and the criteria for achieving those payments in Stage 1 of the program. It also describes the standards specified for Stage 1 of meaningful use, including those devoted to privacy and security.

### **Unit Objectives**

By the end of this unit the student will be able to:

1. Define meaningful use of health information technology in the context of the Health Information Technology for Economic and Clinical Health (HITECH) Act (Lecture a)
2. Describe the major goals of meaningful use (Lecture a)
3. Define the criteria for Stage 1 of meaningful use for eligible professionals and eligible hospitals (Lecture b)
4. Describe the standards specified for Stage 1 of meaningful use, including those devoted to privacy and security (Lecture b)
5. Discuss the likely criteria for Stages 2-3 of meaningful use (Lecture b)

### **Unit Topics/Lectures**

1. Requirements for meaningful use
2. Implementation of meaningful use
3. Core and menu criteria for Stage 1 of meaningful use for eligible professionals and eligible hospitals
4. Standards for Stage 1 of meaningful use, including those devoted to privacy and security
5. Likely criteria for Stages 2-3 of meaningful use

### **Unit References**

#### **Lecture 10a**

1. Anonymous. (2010). *Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule*. Washington, DC: Federal Register Retrieved from <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>.
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- Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule. (E9-31216). Washington, DC: Federal Register Retrieved from <http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf>.
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  4. Blumenthal, D., & Tavenner, M. (2010). The “meaningful use” regulation for electronic health records. *New England Journal of Medicine*, 363, 501-504.
  5. Drazen, E. (2011). *Update on Stage 2: Current Direction and Timing of Meaningful Use Requirements*. Waltham, MA: Computer Sciences Corp. Retrieved from [http://www.csc.com/health\\_services/insights/67921-update\\_on\\_stage\\_2\\_current\\_direction\\_and\\_timing\\_of\\_meaningful\\_use\\_requirements](http://www.csc.com/health_services/insights/67921-update_on_stage_2_current_direction_and_timing_of_meaningful_use_requirements)
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### **Lecture 10a Images**

Slide 8: Overview: What is Meaningful Use?, Missouri Health Information Technology Assistance Center, Retrieved from <http://assistancecenter.missouri.edu/node/17> (Drazen, 2011)

### **Lecture 10b**

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4. Drazen, E. (2011). *Update on Stage 2: Current Direction and Timing of Meaningful Use Requirements*. Waltham, MA: Computer Sciences Corp. Retrieved from [http://www.csc.com/health\\_services/insights/67921-update\\_on\\_stage\\_2\\_current\\_direction\\_and\\_timing\\_of\\_meaningful\\_use\\_requirements](http://www.csc.com/health_services/insights/67921-update_on_stage_2_current_direction_and_timing_of_meaningful_use_requirements)
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### **Student Application Activities**

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## Component Acronym Glossary

ACF – Administration for Children and Families  
ADA – American Dental Association  
ADL – activity of daily living  
AHRQ – Agency for Healthcare Research and Quality  
AIDS - Acquired immune deficiency syndrome  
AMA – The American Medical Association  
AoA – Administration on Aging  
ATSDR – Agency for Toxic Substances and Disease Registry  
CCU – critical care unit  
CD-10-PCS - The International Classification of Diseases, 10th Revision, Procedure Coding  
CDC – Centers for Disease Control and Prevention  
CDHC - Consumer Driven Health Care Plans  
CDS – Clinical Decision Support  
CDT - Code on Dental Procedures and Nomenclature  
CMS – Centers for Medicare and Medicaid Services  
CPI – Consumer Price Index  
CPT - Current Procedure Terminology  
CT – Computerized Tomography  
DNR – do-not-resuscitate order  
DRG - Diagnosis Related Groups  
EBM – Evidence Based Medicine  
ED - Emergency Department  
EDI - Electronic data interchange  
EMT – emergency medical technician  
EMTALA – Emergency Medical Treatment and Active Labor Act  
EPO - Exclusive Provider Organization  
ER – emergency room  
FDA – Food and Drug Administration  
FFS - Fee-for-service  
GDP – gross domestic product  
HCO – Health Care Organization  
HCPCS - Health Care Common Procedure Coding System  
HHS – Department of Health and Human Services  
HIPAA – Health Insurance Portability and Accountability Act  
HIT – Health Information Technology  
HITECH Act - The Health Information Technology for Economic and Clinical Health Act  
HIV - Human immunodeficiency virus  
HMO - Health Maintenance Organization  
HRSA – Health Resources and Services Administration  
ICD-10-CM - The International Classification of Diseases, 10th Revision, Clinical

Modification,  
ICD-9-CM - The International Classification of Diseases, Ninth Revision, Clinical  
Modification  
ICU – intensive care unit  
IHS – Indian Health Service  
IPA – independent practice association  
JC – Joint Commission  
JTTS – Joint Theater Trauma System  
LPN – licensed practical nurse  
LRN - Lab Response Network  
MCO - Managed care organization  
MHS – Military Health System  
MRI – Magnetic Resonance Imaging  
MRSA - methicillin-resistant Staphylococcus aureus  
National Drug Codes (NDC)  
NATO – North Atlantic Treaty Organization  
NIH – National Institutes of Health  
NOS – Not Otherwise Specified  
OIG – Office of Inspector General  
OR – operating room  
PA – physician assistant  
PMPM - per member per month  
POS - Point of Service Plan  
PPO - Preferred Provider Organization  
PTSD – post-traumatic stress disorder  
RBRVS - Resource Based Relative Value Scale  
RN – registered nurse  
SAMHSA – Substance Abuse and Mental Health Services Administration  
TBI – traumatic brain injury  
VA – Department of Veterans Affairs



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