
Professional Certificate in Patient Advocacy (Part II)

Navigating Healthcare Systems

Accountable Care Organization (ACO) refers to a network of healthcare providers who work together to deliver high-quality, cost-effective care to patients, with financial incentives for meeting certain performance standards. Related terms include Healthcare System, Patient-Centered Medical Home, and Value-Based Care. ACOs aim to improve patient outcomes, reduce healthcare costs, and enhance the overall patient experience. For example, an ACO may implement a care coordination program to ensure that patients receive seamless care across different healthcare settings.

Administrative Simplification refers to the process of streamlining administrative tasks in healthcare, such as claims processing and billing, to reduce costs and improve efficiency. Related terms include Health Insurance Portability and Accountability Act (HIPAA), Electronic Health Records (EHRs), and Healthcare Information Technology. Administrative simplification can help reduce administrative burdens on healthcare providers, allowing them to focus on patient care.

Adverse Event refers to an unexpected or unfavorable medical occurrence that results in harm or injury to a patient. Related terms include Patient Safety, Medical Error, and Near Miss. Adverse events can be caused by a variety of factors, including medication errors, surgical complications, or hospital-acquired infections. For example, a patient may experience an adverse event due to a medication interaction that was not properly monitored.

Advocacy refers to the act of supporting or promoting the rights and interests of patients, families, or communities in healthcare. Related terms include Patient Advocacy, Healthcare Navigation, and Health Literacy. Advocacy can involve a range of activities, from providing emotional support to patients and families to advocating for policy changes that promote healthcare access and equity.

Ambulatory Care refers to medical care provided on an outpatient basis, such as in a clinic or physician's office. Related terms include Primary Care, Specialty Care, and Telehealth. Ambulatory care can include a range of services, from routine check-ups and vaccinations to diagnostic testing and treatment for chronic conditions.

Benefit Design refers to the process of creating and structuring health insurance plans to provide coverage for specific healthcare services and benefits. Related terms include Health Insurance, Plan Design, and Network Management. Benefit design can involve a range of considerations, including the types of services covered, the level of cost-sharing, and the network of participating providers.

Care Coordination refers to the process of organizing and managing patient care activities and information across different settings and providers. Related terms include Care Management, Case Management, and

Transition Management. Care coordination can help ensure that patients receive seamless care, reduce the risk of medical errors, and improve overall health outcomes.

Care Transition refers to the process of transferring a patient from one care setting to another, such as from a hospital to a rehabilitation facility. Related terms include Care Coordination, Discharge Planning, and Readmission Reduction. Care transitions can be complex and require careful planning to ensure that patients receive continuous, high-quality care.

Chronic Care Management refers to the process of coordinating and managing care for patients with chronic conditions, such as diabetes or heart disease. Related terms include Care Coordination, Disease Management, and Population Health Management. Chronic care management can involve a range of activities, from medication management and monitoring to patient education and support.

Clinical Decision Support (CDS) refers to the use of computer systems to provide healthcare providers with clinical decision-making support, such as alerts and recommendations. Related terms include Electronic Health Records (EHRs), Health Information Technology, and Medical Informatics. CDS can help improve the quality and safety of care by reducing the risk of medical errors and promoting evidence-based practice.

Commission on Accreditation of Rehabilitation Facilities (CARF) refers to a non-profit organization that accredits rehabilitation facilities and programs. Related terms include Accreditation, Certification, and Quality Improvement. CARF accreditation can help ensure that rehabilitation facilities and programs meet certain standards for quality and safety.

Community Health refers to the health and well-being of a community or population, including the social and environmental factors that influence health. Related terms include Public Health, Population Health, and Health Promotion. Community health can involve a range of activities, from health education and outreach to policy development and advocacy.

Comorbidity refers to the presence of one or more additional health conditions in a patient with a primary condition. Related terms include Chronic Care Management, Disease Management, and Patient Complexity. Comorbidity can increase the complexity of patient care and require specialized management and coordination.

Compliance refers to the process of adhering to regulatory requirements and standards in healthcare, such as HIPAA or accreditation standards. Related terms include Regulatory Compliance, Accreditation, and Quality Improvement. Compliance can help ensure that healthcare providers meet certain standards for quality, safety, and patient care.

Consumer-Directed Healthcare refers to a model of healthcare in which patients take a more active role in making decisions about their care, including the use of health savings accounts and other financial incentives. Related terms include Patient-Centered Care, Shared Decision-Making, and Health Literacy. Consumer-directed healthcare can help promote patient engagement and empowerment.

Continuity of Care refers to the process of ensuring that patients receive continuous care over time, including the transfer of information and care plans from one provider to another. Related terms include Care Coordination, Care Transition, and Patient-Centered Care. Continuity of care can help ensure that patients receive seamless care and reduce the risk of medical errors.

Co-Payment refers to a fixed amount that patients pay out-of-pocket for a specific healthcare service, such as a doctor's visit or prescription medication. Related terms include Cost-Sharing, Deductible, and Coinsurance. Co-payments can help reduce the financial burden of healthcare on patients.

Cost Containment refers to the process of reducing or controlling healthcare costs, such as through the use of cost-sharing mechanisms or utilization review. Related terms include Cost-Sharing, Utilization Review, and Healthcare Reform. Cost containment can help reduce the financial burden of healthcare on patients and the healthcare system as a whole.

Cost-Sharing refers to the process of dividing the costs of healthcare between patients and healthcare providers or payers, such as through co-payments, deductibles, or coinsurance. Related terms include Co-Payment, Deductible, and Coinsurance. Cost-sharing can help reduce the financial burden of healthcare on patients and promote more efficient use of healthcare resources.

Critical Care refers to the provision of intensive medical care for patients with life-threatening conditions, such as in an intensive care unit (ICU). Related terms include Intensive Care Unit, Critical Care Medicine, and Life Support. Critical care can involve a range of specialized services, from mechanical ventilation to cardiac monitoring.

Cultural Competence refers to the ability of healthcare providers to understand and respond to the cultural and linguistic needs of diverse patient populations. Related terms include Cultural Sensitivity, Health Disparities, and Patient-Centered Care. Cultural competence can help promote patient engagement, improve health outcomes, and reduce health disparities.

Deductible refers to the amount that patients must pay out-of-pocket for healthcare expenses before insurance coverage kicks in. Related terms include Co-Payment, Coinsurance, and Cost-Sharing. Deductibles can help reduce the financial burden of healthcare on patients and promote more efficient use of healthcare resources.

Disease Management refers to the process of coordinating and managing care for patients with chronic conditions, such as diabetes or heart disease. Related terms include Chronic Care Management, Care Coordination, and Population Health Management. Disease management can involve a range of activities, from medication management and monitoring to patient education and support.

Discharge Planning refers to the process of planning and coordinating a patient's transition from one care setting to another, such as from a hospital to a rehabilitation facility. Related terms include Care Transition, Care Coordination, and Readmission Reduction. Discharge planning can help ensure that patients receive

continuous, high-quality care and reduce the risk of readmission.

Electronic Health Record (EHR) refers to a digital version of a patient's medical record, which can be accessed and shared by authorized healthcare providers. Related terms include Health Information Technology, Medical Informatics, and Clinical Decision Support. EHRs can help improve the quality and safety of care by reducing the risk of medical errors and promoting evidence-based practice.

Emergency Medical Services (EMS) refers to the provision of emergency medical care, such as ambulance services and emergency medical technicians (EMTs). Related terms include Emergency Department, Trauma Care, and Disaster Response. EMS can involve a range of specialized services, from cardiac arrest management to trauma care.

Evidence-Based Practice refers to the use of scientific evidence to guide healthcare decisions and practices, such as the use of clinical guidelines and research studies. Related terms include Clinical Decision Support, Health Services Research, and Quality Improvement. Evidence-based practice can help improve the quality and safety of care by reducing the risk of medical errors and promoting effective treatments.

Health Coaching refers to the process of educating and supporting patients to adopt healthy behaviors and manage chronic conditions, such as through goal-setting and motivational interviewing. Related terms include Patient Education, Health Promotion, and Disease Management. Health coaching can help promote patient engagement, improve health outcomes, and reduce healthcare costs.

Health Disparities refer to the unequal distribution of health and healthcare resources, such as access to care, quality of care, and health outcomes, among different population groups. Related terms include Health Equity, Cultural Competence, and Social Determinants of Health. Health disparities can be influenced by a range of factors, including socioeconomic status, education, and environmental conditions.

Health Informatics refers to the use of information technology to improve healthcare, such as through the development of electronic health records and clinical decision support systems. Related terms include Health Information Technology, Medical Informatics, and Clinical Decision Support. Health informatics can help improve the quality and safety of care by reducing the risk of medical errors and promoting evidence-based practice.

Health Insurance refers to a type of insurance that provides financial protection against healthcare expenses, such as through private insurance plans or public programs like Medicare and Medicaid. Related terms include Health Benefits, Insurance Plan, and Coverage. Health insurance can help reduce the financial burden of healthcare on patients and promote access to care.

Health Literacy refers to the ability of patients to understand and navigate the healthcare system, including the ability to read and comprehend health information. Related terms include Patient Education, Health Coaching, and Patient-Centered Care. Health literacy can help promote patient engagement, improve health outcomes, and reduce healthcare costs.

Health Maintenance Organization (HMO) refers to a type of health insurance plan that provides comprehensive care to patients through a network of contracted providers. Related terms include Managed Care, Health Insurance, and Network Management. HMOs can help promote preventive care, reduce healthcare costs, and improve health outcomes.

Health Promotion refers to the process of promoting healthy behaviors and lifestyles, such as through education, outreach, and community-based programs. Related terms include Health Education, Disease Prevention, and Wellness. Health promotion can help reduce the risk of chronic diseases, improve health outcomes, and enhance overall well-being.

Health Savings Account (HSA) refers to a type of savings account that allows patients to set aside funds for healthcare expenses on a tax-free basis. Related terms include Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA), and Consumer-Directed Healthcare. HSAs can help promote patient engagement, reduce healthcare costs, and increase access to care.

Home Health Care refers to the provision of medical care and support services in a patient's home, such as through home health agencies and visiting nurses. Related terms include Home Care, Hospice Care, and Palliative Care. Home health care can help promote patient comfort, reduce healthcare costs, and improve health outcomes.

Hospice Care refers to the provision of comfort care and support services to patients with terminal illnesses, such as through hospice programs and palliative care. Related terms include Palliative Care, End-of-Life Care, and Hospice Services. Hospice care can help promote patient comfort, reduce suffering, and improve quality of life.

Hospital-Acquired Condition (HAC) refers to a medical condition that a patient develops during a hospital stay, such as a hospital-acquired infection or pressure ulcer. Related terms include Patient Safety, Medical Error, and Quality Improvement. HACs can be prevented through a range of strategies, including infection control, fall prevention, and wound care.

Inpatient Care refers to the provision of medical care to patients who are admitted to a hospital or other healthcare facility for overnight stays. Related terms include Hospital Care, Acute Care, and Intensive Care. Inpatient care can involve a range of specialized services, from surgery and anesthesia to critical care and rehabilitation.

Intensive Care Unit (ICU) refers to a specialized unit within a hospital that provides intensive medical care to patients with life-threatening conditions, such as cardiac arrest or respiratory failure. Related terms include Critical Care, Life Support, and Ventilator Care. ICUs can involve a range of specialized services, from mechanical ventilation to cardiac monitoring.

Interdisciplinary Care refers to the collaboration and coordination of care among different healthcare professionals, such as physicians, nurses, and therapists. Related terms include Team-Based Care,

Collaborative Care, and Patient-Centered Care. Interdisciplinary care can help promote patient engagement, improve health outcomes, and reduce healthcare costs.

Managed Care refers to a type of health insurance plan that provides comprehensive care to patients through a network of contracted providers, such as through HMOs or PPOs. Related terms include Health Insurance, Network Management, and Utilization Review. Managed care can help promote preventive care, reduce healthcare costs, and improve health outcomes.

Medical Error refers to an unintended or unexpected event that results in harm or injury to a patient, such as a medication error or surgical complication. Related terms include Patient Safety, Adverse Event, and Near Miss. Medical errors can be prevented through a range of strategies, including safety protocols, checklists, and teamwork training.

Medical Home refers to a model of primary care that emphasizes patient-centered, coordinated, and comprehensive care, such as through patient-centered medical homes (PCMHs). Related terms include Primary Care, Patient-Centered Care, and Care Coordination. Medical homes can help promote patient engagement, improve health outcomes, and reduce healthcare costs.

Medication Management refers to the process of monitoring and managing a patient's medications, including the use of medication therapy management (MTM) programs. Related terms include Pharmacy Care, Medication Reconciliation, and Adherence. Medication management can help reduce the risk of medication errors, improve health outcomes, and enhance patient safety.

Mental Health refers to a patient's emotional and psychological well-being, including the diagnosis and treatment of mental health conditions such as depression and anxiety. Related terms include Behavioral Health, Mental Illness, and Substance Abuse. Mental health can be influenced by a range of factors, including genetics, environment, and lifestyle.

Network Management refers to the process of managing and coordinating a network of healthcare providers, such as through contract negotiation and provider credentialing. Related terms include Managed Care, Health Insurance, and Utilization Review. Network management can help promote access to care, reduce healthcare costs, and improve health outcomes.

Near Miss refers to an event that could have resulted in harm or injury to a patient, but did not, such as a medication error that was caught before it reached the patient. Related terms include Medical Error, Adverse Event, and Patient Safety. Near misses can provide opportunities for learning and improvement, such as through root cause analysis and safety protocols.

Outpatient Care refers to the provision of medical care to patients on an ambulatory basis, such as in a clinic or physician's office. Related terms include Ambulatory Care, Primary Care, and Specialty Care. Outpatient care can involve a range of services, from routine check-ups and vaccinations to diagnostic testing and treatment for chronic conditions.

Palliative Care refers to the provision of comfort care and support services to patients with serious illnesses, such as through palliative care programs and hospice care. Related terms include Hospice Care, End-of-Life Care, and Symptom Management. Palliative care can help promote patient comfort, reduce suffering, and improve quality of life.

Patient Advocacy refers to the process of supporting and promoting the rights and interests of patients, such as through patient advocacy programs and advocacy services. Related terms include Patient-Centered Care, Patient Engagement, and Health Literacy. Patient advocacy can help promote patient autonomy, improve health outcomes, and reduce healthcare costs.

Patient-Centered Care refers to a model of care that emphasizes patient-centered, coordinated, and comprehensive care, such as through patient-centered medical homes (PCMHs). Related terms include Medical Home, Care Coordination, and Patient Engagement. Patient-centered care can help promote patient engagement, improve health outcomes, and reduce healthcare costs.

Patient Engagement refers to the process of empowering patients to take a more active role in their care, such as through patient education, health coaching, and shared decision-making. Related terms include Patient-Centered Care, Health Literacy, and Patient Advocacy. Patient engagement can help promote patient autonomy, improve health outcomes, and reduce healthcare costs.

Patient Safety refers to the process of reducing the risk of harm or injury to patients, such as through safety protocols, checklists, and teamwork training. Related terms include Medical Error, Adverse Event, and Near Miss. Patient safety can be promoted through a range of strategies, including safety culture, risk management, and performance improvement.

Pay-for-Performance (P4P) refers to a payment model that rewards healthcare providers for meeting certain performance standards, such as through quality metrics or patient satisfaction scores. Related terms include Value-Based Care, Quality Improvement, and Performance Incentives. P4P can help promote quality improvement, reduce healthcare costs, and improve health outcomes.

Pharmacy Care refers to the provision of pharmaceutical services to patients, such as through pharmacies, pharmacists, and pharmacy benefit managers (PBMs). Related terms include Medication Management, Medication Reconciliation, and Adherence. Pharmacy care can help reduce the risk of medication errors, improve health outcomes, and enhance patient safety.

Population Health Management refers to the process of managing and improving the health of a population or community, such as through public health initiatives and population health programs. Related terms include Public Health, Community Health, and Health Promotion. Population health management can help promote health equity, reduce health disparities, and improve health outcomes.

Preventive Care refers to the provision of preventive services and interventions to promote health and prevent disease, such as through vaccinations, screenings, and health education. Related terms include

Health Promotion, Disease Prevention, and Wellness. Preventive care can help reduce the risk of chronic diseases, improve health outcomes, and enhance overall well-being.

Primary Care refers to the provision of first-line medical care to patients, such as through primary care physicians (PCPs) and primary care clinics. Related terms include Ambulatory Care, Outpatient Care, and Medical Home. Primary care can involve a range of services, from routine check-ups and vaccinations to diagnostic testing and treatment for chronic conditions.

Quality Improvement (QI) refers to the process of improving the quality and safety of healthcare, such as through performance improvement initiatives and quality metrics. Related terms include Patient Safety, Medical Error, and Performance Improvement. QI can help promote quality improvement, reduce healthcare costs, and improve health outcomes.

Readmission Reduction refers to the process of reducing the rate of hospital readmissions, such as through care coordination, discharge planning, and transitional care. Related terms include Care Transition, Care Coordination, and Hospital Readmission. Readmission reduction can help improve patient outcomes, reduce healthcare costs, and enhance patient safety.

Rehabilitation Care refers to the provision of rehabilitative services to patients with physical or cognitive disabilities, such as through rehabilitation hospitals, clinics, and programs. Related terms include Physical Therapy, Occupational Therapy, and Speech Therapy. Rehabilitation care can help promote patient recovery, improve functional outcomes, and enhance quality of life.

Risk Management refers to the process of identifying and mitigating risks to patients, such as through risk assessment, safety protocols, and quality improvement initiatives. Related terms include Patient Safety, Medical Error, and Quality Improvement. Risk management can help reduce the risk of adverse events, improve patient outcomes, and enhance patient safety.

Shared Decision-Making (SDM) refers to the process of collaborating with patients to make informed decisions about their care, such as through patient education, health coaching, and decision support tools. Related terms include Patient-Centered Care, Patient Engagement, and Health Literacy. SDM can help promote patient autonomy, improve health outcomes, and reduce healthcare costs.

Social Determinants of Health (SDOH) refer to the social and environmental factors that influence health and healthcare outcomes, such as socioeconomic status, education, and housing. Related terms include Health Disparities, Health Equity, and Population Health Management. SDOH can help promote health equity, reduce health disparities, and improve health outcomes.

Specialty Care refers to the provision of specialized medical care to patients, such as through specialty clinics, hospitals, and programs. Related terms include Ambulatory Care, Outpatient Care, and Referral Management. Specialty care can involve a range of services, from diagnostic testing and treatment for chronic conditions to surgical interventions and rehabilitation.

Telehealth refers to the use of telecommunications technology to deliver healthcare services remotely, such as through video conferencing, phone calls, and messaging platforms. Related terms include Telemedicine, Remote Monitoring, and Virtual Care. Telehealth can help promote access to care, reduce healthcare costs, and improve health outcomes.

Transition Management refers to the process of coordinating and managing care transitions, such as from hospital to home or from one care setting to another. Related terms include Care Coordination, Discharge Planning, and Readmission Reduction. Transition management can help ensure that patients receive continuous, high-quality care and reduce the risk of readmission.

Utilization Review (UR) refers to the process of reviewing and managing healthcare utilization, such as through preauthorization, concurrent review, and retrospective review. Related terms include Managed Care, Health Insurance, and Network Management. UR can help promote efficient use of healthcare resources, reduce healthcare costs, and improve health outcomes.

Value-Based Care (VBC) refers to a model of care that emphasizes value, quality, and outcomes, such as through value-based payment models and performance incentives. Related terms include Pay-for-Performance, Quality Improvement, and Population Health Management. VBC can help promote quality improvement, reduce healthcare costs, and improve health outcomes.

Value-Based Payment (VBP) refers to a payment model that rewards healthcare providers for delivering high-quality, cost-effective care, such as through value-based payment models and performance incentives. Related terms include Pay-for-Performance, Quality Improvement, and Population Health Management. VBP can help promote quality improvement, reduce healthcare costs, and improve health outcomes.

Wellness refers to the promotion of healthy behaviors and lifestyles, such as through wellness programs, health education, and disease prevention initiatives. Related terms include Health Promotion, Disease Prevention, and Population Health Management. Wellness can help reduce the risk of chronic diseases, improve health outcomes, and enhance overall well-being.