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Certificate Programme in Healthcare Research Analysis

## Healthcare Policy and Regulation

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Healthcare Policy and Regulation Glossary:

1. Affordable Care Act (ACA):

The Affordable Care Act, also known as Obamacare, is a comprehensive healthcare reform law enacted in the United States in 2010. The ACA aimed to increase access to healthcare, improve quality, and reduce healthcare costs for Americans.

2. Accreditation:

Accreditation is a process by which healthcare organizations are evaluated against established standards to ensure quality and safety. Accreditation is typically voluntary and conducted by accrediting bodies such as The Joint Commission.

3. Access to care:

Access to care refers to the ability of individuals to obtain timely and appropriate healthcare services when needed. Barriers to access can include cost, geographic location, insurance coverage, and provider availability.

4. Accountable Care Organization (ACO):

An Accountable Care Organization is a group of healthcare providers who work together to coordinate care for patients and improve quality while reducing costs. ACOs are incentivized to achieve better outcomes through shared savings programs.

5. Centers for Medicare and Medicaid Services (CMS):

The Centers for Medicare and Medicaid Services is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs. CMS plays a key role in regulating healthcare policy and reimbursement.

6. Certificate of Need (CON):

A Certificate of Need is a regulatory process used in many states to control healthcare facility expansion and acquisition of new equipment. CON programs aim to prevent unnecessary duplication of services and control healthcare costs.

7. Cost containment:

Cost containment refers to strategies and policies aimed at reducing healthcare expenditures while maintaining or improving quality of care. Examples of cost containment measures include utilization review, payment reform, and value-based care initiatives.

8. Electronic Health Record (EHR):

An Electronic Health Record is a digital version of a patient's paper chart that contains their medical history, diagnoses, medications, and treatment plans. EHRs are used by healthcare providers to improve care coordination and patient outcomes.

9. Health Insurance Portability and Accountability Act (HIPAA):

The Health Insurance Portability and Accountability Act is a federal law that protects the privacy and security of individuals' health information. HIPAA sets standards for the use and disclosure of protected health information by covered entities.

10. Healthcare disparities:

Healthcare disparities refer to differences in access to care, quality of care, and health outcomes among different populations. Disparities can be influenced by factors such as race, ethnicity, socioeconomic status, and geographic location.

11. Healthcare Quality Improvement Act (HCQIA):

The Healthcare Quality Improvement Act is a federal law that established the National Practitioner Data Bank to track disciplinary actions taken against healthcare providers. HCQIA aims to improve the quality of care by identifying and addressing provider performance issues.

12. Medicaid:

Medicaid is a joint federal and state program that provides health insurance to low-income individuals and families. Each state administers its own Medicaid program, following federal guidelines and regulations.

13. Medicare:

Medicare is a federal health insurance program for individuals aged 65 and older, as well as certain younger people with disabilities. Medicare has several parts that cover hospital care, medical services, and prescription drugs.

14. Patient Protection and Affordable Care Act (PPACA):

The Patient Protection and Affordable Care Act, also known as the ACA or Obamacare, is a comprehensive healthcare reform law enacted in 2010. The PPACA aimed to expand access to health insurance, improve quality of care, and reduce healthcare costs.

15. Public Health Service Act (PHSA):

The Public Health Service Act is a federal law that authorizes various public health programs and services, including biomedical research, disease prevention, and healthcare workforce development. The PHSA also addresses healthcare regulations and standards.

16. Quality Improvement Organization (QIO):

A Quality Improvement Organization is a group of healthcare professionals who work to improve the quality of care provided to Medicare beneficiaries. QIOs conduct quality reviews, promote best practices,

and implement quality improvement initiatives.

17. Reimbursement:

Reimbursement refers to the payment that healthcare providers receive for services rendered to patients. Reimbursement can come from government programs, private insurance companies, or out-of-pocket payments by patients.

18. Single-Payer Healthcare System:

A Single-Payer Healthcare System is a healthcare financing system in which the government pays for all healthcare services using a single public fund. Providers may be public, private, or a combination of both, but the payment is centralized.

19. Social Determinants of Health:

Social Determinants of Health are the economic and social conditions that influence individual and population health outcomes. These determinants include factors such as income, education, housing, and access to healthcare.

20. Telemedicine:

Telemedicine is the use of technology to provide healthcare services remotely, such as through video conferencing, telemonitoring, and mobile health apps. Telemedicine can improve access to care, especially in rural or underserved areas.

21. Value-Based Care:

Value-Based Care is a healthcare delivery model that focuses on improving patient outcomes while controlling costs. Providers are incentivized to deliver high-quality, efficient care through payment models that reward value over volume.

22. World Health Organization (WHO):

The World Health Organization is a specialized agency of the United Nations that is responsible for international public health. The WHO sets global health standards, monitors health trends, and provides technical assistance to countries.