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Health Care Information Systems Terms

Define the following terms. Your definitions must be in your own words; do not copy them from the textbook.

After you define each term, describe in 40 to 60 words the health care setting in which each term would be applied. Include at least 2 research sources to support your position—one from the University Library and the other from the textbook. Cite your sources in the References section according to APA guidelines.

| Term | Definition | How it is Used in Health Care |
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| Health Insurance Portability and Accountability Act (HIPAA) | A U.S legislation that facilitates data privacy and security provisions for safeguarding a patient’s medical information. | Provides guidelines for strict security controls that safeguard the patient’s medical information. HIPAA established several rules that make it a requirement for every health facility to safeguard the medical data of the patients. The legislation is particularly important for patients who want to take a more active role in their treatment (McKnight & Franko, 2016). |
| Electronic medical record | The integrated collection of patient electronically stored data in digital form. | EMRs contain general patient information such as the patient’s intervention and their medical history. Through the implementation of EMR, a patient’s data can be tracked over a period of time by various health care providers. The system not only improves patient care but also has financial benefits since it can reduce on the medical expenditure (Henry et al., 2016). |
| Electronic health record | A digital version of a patient’s chart though unlike EMR is more inclusive of the patient’s medical history. | EHRs contain general patient information such as the patient’s intervention and their medical history. Through the implementation of EHR, a patient’s data can be tracked over a period of time by various health care providers (Henry et al., 2016). The main difference between EHR and EMRs is that EHRs can be shared with other authorized health providers between organizations. |
| Computerized provider order entry system | Digital ordering systems used in hospitals. | CPOEs are applications that form a system designed to replace the traditional paper based systems. Through CPOEs, the user is able to electronically write orders and, maintain an online medical administration record and also review the developments by successive employees (Boulware et al., 2016). |
| Unique patient identifier | Alphanumeric code used to identify a patient within a health records system. | They make it easier for the user to access a particular patient within the patient record system and also facilitate for patient mobility allowing a quicker link to the patient’s information and facilitating for a quicker follow up. UIDs make it possible for the user to address the entity so that it can be easily accessed and interacted with (Henry et al., 2016). |
| Protected health information | Demographic information, medical histories and other data that a health care provider collects to identify the patient and make decisions concerning the patient’s health care. | PHI serves to provide useful information such as the patient’s medical history, their ailments and the results of the applied interventions. They are vital in helping the practitioner make the appropriate choice and also reduce on the medical costs that would have covered for a non-viable intervention. |
| Centers for Medicare & Medicaid Services (CMS) | A branch of the United States Department of Health and Human services. | The Center for Medicare & Medicaid services is in charge of overseeing the various federal health care programs including those that involve information technology. The center collects and analyzes patient data and generates reports while aiming at eliminating cases of fraud and abuse within the health care systems (Kline et al., 2015). |
| Covered entities | Anyone who provides treatment operations or payment in health care | Covered entities are the health care plans, health care clearing houses, providers, government programs, nursing homes and insurance companies.  The covered entities work on the transmission of health information in connection with the transactions for which HHS had developed standards (Kline et al., 2015). |
| Health information exchange (HIE) | The electronic mobilization of electronic information across all organizations. | HIE systems facilitate the efforts of physicians and clinicians to meet high standards of patient care through electronic participation in a patient's continuity of care with multiple providers. Secondary health care provider benefits include reduced expenses associated with both annual printing and physical mailing (Henry et al., 2016). |
| Telehealth | The use of digital information and technology to access health care services or manage one’s health care. | The use of computers or other technological devices from one’s home or the doctor’s place to improve one’s health care services. Telehealth facilitates long distance patient and practitioner contact, long distance care through advice, education, reminders, monitoring and remote admissions (Tuckson, Edmunds & Hodgkins, 2017). |
| Telemedicine | The remote intervention by means of telecommunications technology | Patient consultations via video conferencing, transmission of still images, e-health (including patient portals), remote monitoring of vital signs, continuing medical education, consumer-focused wireless applications, and nursing call centers, among other applications, are all considered part of telemedicine and serve to bridge the geographical gap and time gap between the patient and the practitioner. |
| Meaningful Use | The minimum standards established by the United States for the electronic health records. | The main objectives of meaningful use is Improving quality, safety, efficiency of health care and reducing health disparities, facilitating for the engagement of patients and families in their health, enhancing coordination of health care, and the improvement of population and public health (Wager et al., 2017). |

References

Balgrosky, J. A. *Essentials of Health Information Systems and Technology*. [University of Phoenix]. Retrieved from <https://phoenix.vitalsource.com/#/books/9781284076134/>

Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2016). Race and trust in the health care system. Public health reports.

Henry, J., Pylypchuk, Y., Searcy, T., & Patel, V. (2016). Adoption of electronic health record systems among US non-federal acute care hospitals: 2008-2015. ONC Data Brief, 35, 1-9.

Kline, R. M., Bazell, C., Smith, E., Schumacher, H., Rajkumar, R., & Conway, P. H. (2015). Centers for Medicare and Medicaid Services: using an episode-based payment model to improve oncology care. Journal of oncology practice, 11(2), 114-116.

McKnight, R., & Franko, O. (2016). HIPAA compliance with mobile devices among ACGME programs. Journal of medical systems, 40(5), 129.

Tuckson, R. V., Edmunds, M., & Hodgkins, M. L. (2017). Telehealth. New England Journal of Medicine, 377(16), 1585-1592.

Wager, K. A., Lee, F. W., & Glaser, J. P. (2017). Health care information systems: a practical approach for health care management. John Wiley & Sons.