

Fundamental ch 8
learning objectives
key terms



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Accountable Care Organization (ACO) Ambulatory Care Health care settings located in areas that are convenient for people to walk into and receive care; may be provided in hospitals, clinics, or centers

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Capitation Care Coordination Community Health Center Health care that is provided to people who live within a defined geographical region or who have common needs; designed to meet the needs of the people as they move between and among health care settings

Consumer The person who uses health care services (the patient)

Diagnosis-Related Group (DRG) Classification of patients by major medical diagnosis for the purpose of standardizing health care costs

Entitlement Reform Proposed legislation making changes in entitlement benefits, such as Medicare and Medicaid, paid by the government to citizens, with the goal of improving the nation's budget

Extended-Care Services Fee-For-Service System in which a bill is generated and a fee is paid every time a provider does something for a patient

Health Insurance Marketplace Federal and state system designed to help people more easily find health insurance that fits their budget and needs with a plan offering comprehensive coverage, from doctors to medications to hospital visits; insurance options can be compared based on price, benefits, quality, and other features described in plain language

Health Maintenance Organization (HMO) Pre-paid, group-managed care plan that allows subscribers to receive all the medical services they require through a group of affiliated providers; there may be no additional out-of-pocket costs, or subscribers may pay only a small fee, called a co-payment

Hospice A type of end-of-life care for persons who are terminally ill, characterized by the following:

- 1.) Patients are kept as free of pain as possible so that they may die comfortably and with dignity
- 2.) Patients receive continuity of care, are not abandoned, and do not lose personal identity
- 3.) Patients retain as much control as possible over decisions regarding their care and are allowed to refuse further life-prolonging technologic interventions
- 4.) Patients are viewed as individuals with personal fears, thoughts, feelings, values, and hopes

Inpatient A person who enters a health care setting for a stay ranging from 24 hours to many years

Managed Care An organized, high-quality, cost-effective system of health care that influences the selection and use of health care services of a population

Medicaid Title XIX (Social Security Act, 1965) to make health care available to those people with less than minimum income who do not qualify for Medicare

Medical Home An enhanced model of primary care that provides whole-person, accessible, comprehensive, ongoing, and coordinated patient-centered care

Medical Neighborhood A patient-centered medical home and the constellation of other clinicians providing health care services to patients within it, along with community and social service organizations and state and local public health agencies

Medicare Title XVIII (Social Security Act, 1965) to provide a measurable of health coverage

Multipayer System A health care system in which care is paid for by both private insurance companies and the government

Multispecialty Group Practice Organization of physicians from

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different specialties joined to share income, expenses, facilities, equipment, and support staff; the group practice can better provide comprehensive care

Outpatient Person who requires health care services but does not need to stay in an institution for those services

Palliative Care Hospice care; taking care of the whole person - body, mind, spirit, heart, and soul- with the goal of giving patients with life-threatening illness the best quality of life they can have through the aggressive management of symptoms

Patient Protection and Affordable Care Act (PPACA) 2010 federal legislation designed for comprehensive health reform, with an intent to expand coverage, control health care costs, and improve the health care delivery system

Pay for Performance A strategy using financial incentives to reward providers for achieving a range of payer objectives, including delivery efficiencies, submission of data and measures to the payer, and improved quality and patient safety

Preferred Provider Organization (PPO) Respite Care A type of care provided for caregivers of homebound ill, disabled, or elderly patients

Single-payer system Elements of a well-functioning health care delivery system

21 st Century the Institute of Medicine

6 Outcomes

Safe

Effective

Efficient

Patient-Centered

Timely

Equitable

Strategies to Increase Access to Affordable, High-Quality Care
Primary Health Care
Common Health Problems and preventive measures that account for 80% to 90% of visits to clinicians
Secondary Health Care
Problems that require more specialized clinical expertise
Tertiary Health Care
Management of rare and complex disorders
4 Basic Ways Healthcare is Paid For
Physicians and Hospitals
Prepaid Group Practices
Health Care Delivery Systems:
*Physicians and Hospitals
*Multispecialty Practice Groups
*Community Health Centers
*Prepaid Group Practices
*Accountable Care Organizations
*Medical Homes
*Medial Neighborhoods
Settings that Provide Health Care
Agencies that Provide Health Care
Members of the Interdisciplinary Health Care Team
Trends Affecting Health Care Delivery
Issues Affecting Health Care Delivery
Role of Nursing in meeting the Challenges of Health Care Reform