

## **Attachment 2**

### **Health Record Bank of Oregon**

#### **Definition of Terms**

**CDA** -- Clinical Document Architecture is an XML-based standard intended to specify the encoding, structure and semantics of clinical documents for exchange. The CDA specifies that the content of the document consists of a mandatory textual part (which ensures human interpretation of the document contents) and optional structured parts (for software processing). Less well established than CCR or CCD, it represents the likely future of Health Information Exchange.

**CCD** -- The Continuity of Care Document is an XML-based markup standard intended to specify the encoding, structure and semantics of a patient summary clinical document for exchange. Developed in parallel to the CCR by the HL7 standards group, CCD is now being merged with CCR to create the CDA standard.

**CCR** -- The Continuity of Care Record is a patient health summary standard specification based on XML and designed to enable providers to send medical information electronically. CCR based documents are human readable, and highlight the most relevant and timely core health information about a patient. Developed in parallel to the CCD (below) by the ASTM standards group, CCR is now being merged with CCD to create the CDA standard.

**CMS** -- The Federal Centers for Medicare and Medicaid Services.

**Interoperability** -- Interoperability is the capacity of the technology infrastructure to create, transmit, store and manage health-related information among various independent health information systems.

**Confidentiality** -- See "Privacy" below.

**Consumer** -- A person who receives medical or other health services.

**Customer** -- A consumer or patient using a Health Record Bank. The term "customer" reflects the "user centric" shift embodied in the Health Record Bank. It is intended as a term of respect.

**Delegated Contract Authority** -- A party, acting on behalf of the Agency, is delegated specific procurement authority to conduct solicitations, award contracts, execute contracts, make amendments, and conduct other contract administration solely for those projects and activities set forth in the agency's Delegation of Procurement Authority Request (Oregon Department of Administrative Services).

**DMAP** – Division of Medical Assistance Programs, the Division of DHS designated to act as the authority for the Oregon Medicaid Program.

**EHR** – An Electronic Health Record contains health-related information on an individual that conforms to nationally recognized interoperability standards that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization, to the extent that Health Information Exchange is implemented.

**EMR** – An Electronic Medical Record is an electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one or more health care organizations.

**EMR System** – Often referred to as “an EMR”, EMR Systems are computer systems that store, process and communicate individual EMRs, and in some cases also make “tethered PHRs” available to patients.

**Health Records --** A medical record, health record, or medical chart is a systematic documentation of an individual patient's medical history and care. Health record systems, in paper or electronic formats, contain many individual records.

**HIE** – Health Information Exchange is the electronic movement of health-related information among organizations according to nationally recognized standards. Oregon HIE plans developed by HIIAC envision a finalized HIE plan by 2012 and full implementation by 2016.

**HIPPA --** The Health Insurance Portability and Accountability Act of 1996 established national standards for electronic health care transactions and national identifiers for providers, health plans, and employers, limited patient privacy by mandating the sharing of patient data between providers/organizations if needed for “treatment, payment or operations,” and enhanced patient privacy by controlling data sharing with organizations not bound by HIPPA regulations.

**HIT --** Health information technology includes all information technology used in the provision of health care, administration of health care operations, and the promotion of health. A primary focus of Health Information Technology is the comprehensive management of medical information and its secure exchange between health care providers, and between health care providers and consumers.

**HIT Architecture** – The architecture of any computer system and associated applications is a high level description of its component parts and their relationships. In the case of the HRBO, these components (or “layers”) include a data transfer layer, a health data store, a user interface system, and identity and authorization management component.

**HRB --** A Health Record Bank is a secure, community-based repository of individual health records comprised of information from EMRs, prescription and lab routing

systems, insurance payment sources, administrative sources, and the customer himself/herself. This information is stored in individual consumer accounts, access to which is controlled by customers or their designees.

**Identity and Authorization** – An identity and authorization system (a “login” and “preferences” manager, in effect) enables the customer to login to his/her account, and to authorize access to his/her account. System access is typically provided by a user name, password and other information needed to establish identity. Designation of access to others (i.e. family members or providers) may include general access permission for all providers, or more specifically defined access for institutions or providers, as allowed by the technologies selected and the policy decisions made.

**Layer** -- Applications are sometimes described by “architecture” diagrams as a series of layers with different kinds of functions at different levels. Thus, an application might have a “data storage layer” including all the software and hardware components associated with the storage of data. It might also have a data transport layer, representing the series of electronic “pipes” from data sources, such as provider EMRs, data transport networks (e.g. RxHub, SureScripts, Quest), and administrative data systems. (See also “HIT Architecture”)

**OHPR** -- The Office for Oregon Health Policy and Research is responsible for the development and analysis of health policy in Oregon and serves as the policymaking body for the Oregon Health Plan. The Office provides analysis, technical, and policy support to assist the Governor and the Legislature in setting health policy. It carries out specific tasks assigned by the Legislature and the Governor, provides reports and conducts analyses relating to health care costs, utilization, quality, and access.

**Patient** – A person who receives medical or other health services, otherwise referred to as consumers or in the consumer centric model, as customers.

**Patient Data Store** -- A high security system for storing incoming patient data from data providers (e.g. Provider EMRs, data routing systems, administrative data systems) in virtual patient accounts, and making that data available to individual patients directly or through third party interfaces.

**PHR** -- Personal Health Record – An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual. PHR systems attached to EMR systems (“tethered PHRs”) seldom enable a user to monitor and control access to the data they contain or to retain access to PHR data beyond the period of their relationship to the provider or insurer that offers the tethered PHR.

**Privacy and Confidentiality** -- Privacy pertains to individuals while confidentiality pertains to data. Health information privacy is an individual’s right to control the

acquisition, uses or disclosures of his or her identifiable health data (adopted by the National Committee on Vital and Health Statistics). Confidentiality is an extension of privacy and pertains to the right to control, be informed of the acquisition, use or disclosure of data about oneself. Thus accidentally opening a door may violate a person's privacy, but that violation of privacy only has the potential to become a violation of confidentiality if what is seen is communicated to others without permission.

**Provider** -- A person or entity that delivers health services to a consumer.

**RHIO** -- Regional Health Information Organization -- A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

**Security** -- Physical, technological, or administrative safeguards or tools are used to protect identifiable health data from unauthorized access or disclosure.

**Use Case** -- Use cases describe how systems are used. A use case is a scenario description of how a person should be able to use a system or service, describing the steps to be undertaken, the system's response to a person's actions, and the full process that ensues until the successful completion of the person's original intent is realized. Use cases are widely used tools for defining the desired function of a system, and can be part of defining contractual requirements for an information technology project.

**User Interface** -- The user interface generates the content appearing in the browser window, and that processes user input from the browser.