1. Define-**Key terms**

ACO - Accountable Care Organization

ARRA - American Recovery and Reinvestment Act

ALOS - Average Length of Stay

CDC - Centers for Disease Control

Continuum of care - It is a system that guides and tracks patients over time though a comprehensive array of health services spanning all levels and intensity of care.

Critical access hospital - Hospitals that are excluded from the outpatient prospective payment system because they are paid under a reasonable cost-based system as required under section 1934(g) of the Social Security Act 2.

CEO - Chief Executive Officer

COO - Chief operating officer

CNO - Chief nursing officer

CIO - Chief Information Officer

Extended care facility - A healthcare facility licensed by applicable state or local law to offer room and board, skilled nursing by a full-time registered nurse, intermediate care or a combination of levels on a 24-hour basis over a long period of time.

Health Information Technology for Economic and Clinical Health (HITECH) Act: Is a legislation created to promote the adoption and meaningful use of health information technology in the United States.

Home Healthcare - It is the limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medial supplies, and other services.

Hospice - An interdisciplinary program of palliative care and supportive services that addresses the physical, spiritual, social, and economic needs of terminally ill patients and their families.

Medical staff bylaws - It is the standards governing the practice of medical staff members; typically voted upon by the organized medical staff and the medical staff executice3 committee and approved by the facility’s board; governs the business conduct, rights, and responsibilities of the medical staff; medical staff members must abide by these bylaws in order to continue practice in the healthcare facility.

Medicare - A federally funded health program established in 1965 to assist with the medical care costs of Americans 65 years of age and older as well as other individuals entitled to Social Security benefits owing to their disabilities.

MCO - Managed care organization

PRO - Peer review organization

QIO - Quality improvement organization

SNF - Skilled nursing facility

Utilization Review - It is a process whereby hospitals conduct continued-stay reviews for Medicare and Medicaid patients

IND - Integrated delivery network

IDS - Integrated delivery system

2. Name and define the providers that are included under the term *medical practice* or doctor.

Chiropractor - deals with diagnosis, treatment, and prevention of disorders of the neuro-musculoskeletal system

Dentist - focuses on the diagnosis, prevention and treatment of diseases and condition of the oral cavity.

Medical Doctor - focuses on the diagnosis, treatment, and education of any human disease or condition

Doctor of Optometry - focuses on vision, visual systems, and are trained to proscribe and fit lenses to improve vision.

Doctor of Osteopathic medicine - focuses on manipulation of muscles and bones and also incorporates the diagnosis and treatment of diseases.

Podiatrist - focuses on the treatment of disorders of the foot, ankle, and lower extremity.

  Name and define: five (5) medical specialties.

Neurology - deals with diagnosis and treatment of the nervous system

Urology - deals with diagnosis and treatment of urinary tract system and male reproductive organs

Cardiology - deals with disorders of the heart

Family practice - provides comprehensive care to all ages

Internal medicine - Provides care to diagnosis and treatment to adults

 Name and define:  five (5) surgical specialties.

Ophthalmology - Surgery on the eye

Neurosurgery - surgery on the brain, spinal cord, and peripheral nerves

Anesthesiology - focuses on relief of pain during surgery

Cardiovascular surgery: - Surgery on the heart and great vessels

Orthopedics - Surgery for cesarean sections or other female health related surgeries

  Name and define:  eight (8)   Allied Health professions.

Emergency medical technology - Emergency medical technicians and paramedics provide a wide range of services on an emergency basis for cases of traumatic injury and other emergency situations and in the transport of emergency patients to a medical facility.

Dietetics and nutrition - Dietitians are trained in nutrition. They are responsible for providing nutrition. They are responsible for providing nutritional care to individuals and for overseeing nutrition and food sercvices in a variety of settings ranging from hospitals to schools

Health Information management - HIM professionals oversee health record systems and manage health-related information to ensure that it meets relevant medical, administrative, and legal requrements.

Clinical laboratory science - Clinical Laboratory technicians perform a wide array of tests on body fluids, tissues, and cells to assist in the detection, diagnosis, and tratment of deseases and illnesses.

Audiology - It is the branch of science that studies hearing, balance, and related disorders.

Occupational therapy - Occupational therapists use work and play activities to improve patients’ independent functioning, enhance their development, and prevent or decrease their level of disabiliy.

Pharmacy - The scope of pharmacy practice includes traditional roles such as compoinding and dispensing medications, as well as modern sevices inclding eviewing medications for safety and efficacy, and providing drug information to physicians and patients.

Speech-language pathology and audiology - Speech-language pathologists and audiologists identify, assess, and provide treament for individuals with speech, language, or hearing probnlems.

3.  IN YOUR OWN WORDS:

* Summarize the Social Security Act of 1935.

After the great depression, old-age pention and unemployment insurance bills were introduced to Congress. President Roosevelt did not support it , he rather created his own program by appointing a committee to study economic security and report to Congress in January. Manuy wanted health insurance badly but adding it to the Social Security legislation would defeat the purpose, therefore only one refeence of Health Insurnce was added for study, and the Social Security Act was passed.

* Summarize Public Law 89-97 of 1965 and Public Law 92-603 of 1972

Medicare and Medicaid came into existence in 1965. Medicare was to provide healthcare coverage for the elderly 65 years and above who have social security. Later on, the disabled, those who have end-stage renal disease and those who were willing to pay for coverage were added as beneficiaries. Medicaid was to provide healthcare coverage to those who were receiving public assistance. In 1967, Medicaid provided people who received welfare on cost-sharing basis. People over 21 years had coverage for 4 types of care. These were inpatient and outpatient services, laboratory and X-ray services, physicial services and nursing facility care. Many changes have been made over the years, for example, 31 services have been added to Medicaid.

In 1992, additional amendment was made to the Social Security Act. This was the Public Law 92-603. This required that Medicare and Medicaid patients be reviewed. The PSRO was established to do the review and assess patient care services.

* Summarize the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPA Act of 1996 was established to find ways of protecting and securing health information. A data bank was created to resist fraud and abuse of healthcare delivery and health insurance.

* Summarize Patient Protection and Affordable Care Act of 2010

The Patient Protction and Affordable Care Act of 2010 became a law in March 2010. It provided health insurance market transformations. It also developed health insurance exchanges which was based and administered by the variou states. It provided medicaid to poor people and those under the age of 65. People who did not have minimum coverage paid a tax penalty. It is a must for employers who had 50 or more employees to give them healthcare coverage. People were given grants and small employers were given tax credits

* What is a Critical Access Hospital?

A Critical Access Hospital is a hospital which is able to meet some requirements and are permitted a distinct payment system to reimburse Medicare patients.

* What is an outpatient?

A patient who has not been admitted at a hospital. He/She visits the hospital and goes back home that same day to sleep in his/her house.

* Name 3 Ancillary Support Services and their function.

HIM services - They see to the management of health information records

Pharmaceutical services - They supply medication to the patients

Environmental services - They make sure the hospital is clean and meet the required hygienic standards by providing good housekeeping.

* Summarize - Ambulatory Care; Public Health Services; Long Term Care; Behavioral Health Services.

Ambulatory Care - It is the preventive or corrective healthcare provided in a Practitioner’s office, a clinic, or a hospital on a non-resident (outpatient) basis.

Public Health Services - This is mainly to ensure public health, therefore the states have constitutional authority t implement public health measures which are assisted by a wide variety of federal programs and laws.

Long Term Care - This is healthcare rendered in a non-acute care facility to patients who require inpatient nursing and related services for more than 30 consecutive days.

Behavioral Health Services - They provide residential treatment for emotionally or behaviorally disturbed children inpatient services to children under 18 years of age.

* What is an ACO and its function? -

ACO means Accountable care organization. They develop voluntary partnerships between hospitals and physicians to coordinate and deliver quality care to Medicare patients and allow the participating organizations to share the savings that would result from improvement of care for the Medicare populations.

* Summarize -Healthy People 2020

It is a plan set out by the Department of Health and Human Services and the Office of Disease Prevention to promote and improve the nation’s health with the idea of a society in which everybody will live a long healthy life.

4. Identify

1. Acute care hospitals - Patients who need ongoing rehabilitative care or treatments using advanced technology sometimes are eligible to receive this kind of care.

  2.   Ambulatory care/physician office settings: Preventive or corretive healthare serviees provided on a nonresident basis in a providers office clinic setting, or hospital emergency setting.

3. Long-term care facilities - Healthcare rendered in a nonacute-care facility to patients who require inpatient nursing and related services for more than 30 consecutive days.

4. Behavioral healthcare facilities - They provide Day-hospital or day treatment programs to occupy one niche in the spectrum of behavioral healthcare settings.

5. Home health organizations: - Organizations who offer healthcare to Medicare recipients in their own homes

6. Hospice organizations: - Patients who have been diagnosed with terminal illnesses with life expectancy of 6 months or less are cared for mainly in their own homes with their families.

7. Obstetric/gynecologic care settings - These settings provide birth and female health-related issues

8. Rehabilitation services organizations - They provide patients with long-term care services to recuperating from debilitating or chronic illnesses and injuries. They also eliminate the patient’s disability or alleviate it as a fully as possible.

**Instructions:**