

Speaking the Same Language: Criminal Justice, Health Care, and Information Technology

TERM	MEANING
42 C.F.R. “Part 2”	<p>The federal confidentiality law and regulations known as 42 CFR Part 2 were enacted in the 1970s after Congress recognized that the stigma associated with substance abuse and fear of prosecution deterred individuals from entering treatment. Part 2 stipulates that no substance abuse record may be used to initiate or substantiate criminal charges against a patient or conduct any investigation of a patient, and it additionally enforces a limitation of scenarios in which court orders authorizing the disclosure of such records can be implemented. However, Part 2 permits patient information to be disclosed to health information organizations (HIOs) and other health information exchange (see “HIE”) systems. The regulation also contains certain requirements for the disclosure of information by substance abuse treatment programs. Most notably, patient consent is required for disclosures (with some exceptions). Moreover, such patient consent is not permanent; on a consent form, the patient specifies a date on which consent expires. In addition, a patient can revoke consent at any time. However, consent from a patient referred by the criminal justice system may be made irrevocable for a period of time. The issue of consent and its duration are perceived by some as a challenge for the electronic exchange of health information.</p>
ACO	<p>Accountable care organizations (ACOs) are groups of doctors, hospitals, and other health care providers that come together voluntarily to coordinate care for patients in order to bend the health care cost curve. ACOs operate along the lines of the Health Maintenance Organization (HMO) model of payment and medical care delivery, working in a synchronized fashion to provide timely treatments that save costs, reduce duplication of services, and curtail medical errors. As detailed in the Patient Protection and Affordable Care Act (see “PPACA/ACA”), the Centers for Medicare and Medicaid Services have been authorized to create the Medicare Shared Savings Program, allowing for the establishment of ACO contracts with Medicare. The federal definition of an ACO is targeted primarily to Medicare beneficiaries, but in larger ACOs, the patient base may include the homeless and the uninsured. ACOs represent an effort to tie payment to quality.</p>
Bail	<p>Bail is a form of property deposited or pledged to a court to persuade it to release a suspect from jail, on the understanding that the suspect will return for trial or forfeit the bail. Bail should not be confused with parole or probation (see “Probation vs. Parole”), as the setting of bail takes place prior to trial.</p>



Beacon	Established in 2010 through the Health Information Technology for Economic and Clinical Health Act (see “HITECH”) by the Office of the National Coordinator for Health Information Technology (see “ONC/ONCHIT”), the Beacon Community Cooperative Agreement Program supports 17 communities selected for their leadership in adopting secure and robust systems of electronic health records (see “EMR, EHR, PHR”) and health information exchanges (see “HIE”). The Beacon communities focus on improvement goals in the areas of quality, cost-efficiency, and population health. In addition, these communities are responsible for providing support and guidance to other communities for achieving meaningful use (see “MU”) and measurable health care improvements and cost savings. Collaboration is encouraged and expected among Beacon communities and other HITECH programs, including the Regional Extension Center Program (see “REC”), to develop and disseminate best practices for adopting and using health information technology to improve quality in cost-effective ways.
Bridge Medication	At release, many correctional institutions provide detainees with a supply of some or all of the medications that they took during incarceration. These “bridge medications” are provided to prevent a lapse in treatment. Typically a supply of three to 30 days is provided at the time of release.
CCD	A Continuity of Care Document (CCD) is an electronic document exchange standard for the sharing of patient summary information. This specialized set of information includes the most commonly needed, pertinent information about a patient’s past and current health status in a form that can be shared interoperably (see “Interoperability”) among multiple computerized health information systems, including electronic health and medical record systems. CCD was developed by Health Level 7 (see “HL7”).
CDA	Clinical Document Architecture (CDA) is an XML-based standard used for clinical document exchange that was developed by Health Level 7 (see “HL7”). Types of documents include discharge summaries, progress notes, history and physical reports, lab results, and radiology reports. CDA is a flexible standard and is unique in that it can be read by the human eye or processed by a machine. This is due to its use of the XML language (see “XML”), which also allows the standard to be broken into two parts. A mandatory free-form portion enables human interpretation of the document, while an optional structured part enables electronic processing (as with an electronic medical record system). Text, images, and even multimedia can be included in a CDA document.
CO	A correctional officer (CO) is an employee of a jail, reformatory, or prison who is responsible for overseeing individuals who have been detained or arrested, and who are awaiting trial or have been convicted of a crime. Correctional officers maintain security, custody, and inmate accountability to prevent disturbances, assaults, and escapes.

CONNECT	CONNECT is an open source software solution that supports the exchange of health information at local and/or national levels. CONNECT uses Nationwide Health Information Network (see “NWHIN”) standards and governance to make sure that health information exchanges (see “HIE”) are compatible with each other and with other exchanges. CONNECT software has three components: Gateway, which implements nationwide health information network specifications for secure data exchange over the Internet; Enterprise Service Platform, which enables an organization to plug practice management and electronic health records systems into a framework to communicate with the Gateway component; and Universal Client Framework, a platform to develop end-user applications that support meaningful use (see “MU”) if a physician does not have an electronic health record system.
Consent Decree	A consent decree is a voluntary settlement between two parties procured as part of a court order. A consent decree differs from a judgment in that the defendant has some input in the terms of the decree and the terms of how to remedy a plaintiff’s grievances, accomplished by negotiating with both the court and the plaintiff. In these instances, a defendant may settle without exposing many details publically. Reciprocally, a plaintiff is guaranteed the power of the courts in enforcing the settlement. This latter point is important because a consent decree, unlike a contract, has the force of judgment and as such can be enforced by the court merely on the motion of an aggrieved party (instead of bringing a new lawsuit), wherein it becomes the responsibility of the defendant to demonstrate compliance with the decree. Many jails are party to consent decrees. Consent decrees in this context can often effect changes in how health care is delivered in jails.
COTS	Commercially available Off-The-Shelf (COTS) is a term that defines products that are widely available in the commercial marketplace and can be acquired and used under government contract in the same form available to the general public. For products like electronic health software suites, COTS products are alternatives to the in-house development of similar technologies.
CPT	Current Procedural Terminology (CPT) is a system of codes used to report medical procedures and services under public and private health insurance programs. The CPT code set is maintained by the American Medical Association’s CPT Editorial Panel, which meets three times per year to discuss the use and revision of CPT coding in response to new and emerging medical procedures and technologies. CPT is a coding system like the International Classification of Diseases (see “ICD-9” and ICD-10”); however, CPTs identify a service that has been performed rather than a medical, surgical, or psychiatric diagnosis.
Deliberate Indifference	Often the lawsuits brought by inmates and detainees that concern medical need involve a purported violation of the Eighth Amendment’s proscription against cruel and unusual punishment (see “ <i>Estelle v. Gamble</i> ”). This violation occurs when jail or prison officials are “deliberately indifferent” to an inmate’s or detainee’s medical needs. A jail or prison official acts with deliberate indifference only if he or she knows of and disregards an excessive risk to inmate health and safety. Courts have recognized that deliberate indifference to an inmate’s or detainee’s medical needs may be shown by circumstantial evidence when the facts are sufficient to demonstrate that the jail or prison official actually knew of a risk of harm.

Direct Project An initiative of the Office of the National Coordinator for Health Information Technology (see “ONC/ONCHIT”), the Direct Project establishes standards and documentation to support simple scenarios of sending health-related information from one location to another as required. This is accomplished by sending messages using encrypted email protocols. A provider or organization that needs to securely send clinical information to another provider or health care organization manually “pushes” the information forward to the recipient. This system differs from health information exchange systems in which authorized users may automatically request data from the server without human involvement. As an on-demand mechanism for information transmission, the Direct Project model is used for situations such as a provider sending a patient’s clinical snapshot to a specialist, or a hospital sending a recently discharged patient’s information to a referring provider. The Direct Project encryption protocols ensure a high degree of discretionary protection for each transmission, which is coupled with the security strategy of sending information on a case-by-case basis without centralized storage. The Direct Project is part of a larger national strategy to securely connect health care providers through a Nationwide Health Information Network (see “NwHIN”), and is intended to lay the groundwork for developing uniform and secure methods of transmitting health related information.

Discharge Planning Discharge planning is the preparation for the departure of an inmate or detainee from jail. Many jails use some form of discharge planning, but there is wide variation as to what exactly that encompasses. Some jails provide a comprehensive discharge package that may include primary care appointments, drug treatment, social services, entitlements, housing, job training, medication, and a transportation voucher. At the other common extreme, the inmate is released without much preparation, possibly in the middle of the night. Some jails provide risk-reduction counseling or pamphlets to help prevent drug overdose following release from custody. Information about clean needle exchange programs and the use of naloxone (to treat drug overdose) may be included in the discharge packet. Most facilities provide a supply of bridge medications (see “Bridge Medication”). Complicating discharge planning are the multiple ways in which an inmate or detainee may be released from jail. Following are the three most common scenarios: 1) an inmate completes the court’s sentence; 2) the inmate/detainee is adjudicated and released; and 3) the inmate/detainee is released through the posting of bail. Of these three possibilities, only the first can be anticipated reliably by discharge planning staff. In the two other scenarios, medical and social services staff may not have time to prepare a discharge packet and bridge medication for the inmate/detainee upon release. Some jails permit inmates who have been released unexpectedly to return to the jail to receive their discharge packets and bridge medications.

EMR, EHR, PHR An electronic medical record (EMR) refers to both a patient’s computerized medical record and the software system used to create, modify, and secure a health care organization’s complete patient records. The term is often used interchangeably with an electronic health record (EHR), which performs identical functions but is thought to be better designed for the interoperable exchange of health information between an electronic record and a health information exchange (see “HIE”) network. These electronic medical/health records are accessible locally by health care professionals and distally through the use of HIEs. Caregivers use these systems to access appropriately authorized portions of a patient’s record for adding/modifying information such as laboratory results, prescriptions, clinical interview data, and billing and diagnostic codes. While EMR and EHR systems generally are intended for use by health care practitioners and administrators, a similar record called the personal health record (PHR) lets patients confidentially and independently access their records outside a physician’s office or a hospital. While all PHRs include some or all of the information generated by health care providers—and stored in the EMR/EHR—some PHRs have added functionality for personal tasks that include viewing recent test results, renewing prescriptions, scheduling appointments, and messaging health care staff.

***Estelle v. Gamble*, 429 U.S. 97** Decided by the United States Supreme Court in 1976, *Estelle v. Gamble* determined that deliberate indifference (see “Deliberate Indifference”) by correctional officials to the medical needs of the incarcerated violates the Eighth Amendment’s ban on cruel and unusual punishment. In the hundreds of cases following *Estelle*, three basic rights have emerged: the right to access to care, the right to care that is ordered, and the right to a professional medical judgment.

HEDIS The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry developed and maintained by the National Committee for Quality Assurance. It supports comparisons of plan performance against other plans and against national benchmarks. Employers, consultants, and consumers use HEDIS as a tool for selecting health plans. Health plans and some providers use it to assess their own improvement efforts. The Centers for Medicare and Medicaid Services requires health plans to submit Medicare HEDIS data as a condition of participation in the Medicare Advantage program.

HIE A health information exchange (HIE) is a technological infrastructure designed to facilitate the sharing of electronic medical data among multiple health care providers (hospitals, medical practices, laboratories, and emergency rooms to name a few). Generally speaking, medical professionals using electronic medical records (see “EMR, EHR, PHR”) often have access only to those electronic records within their own systems. By connecting multiple EMRs, HIEs enable providers to view and interact with a more extensive electronic health record (see “EMR, EHR, PHR”). HIEs have been implemented for regions of varying size such as cities, counties, and states. HIEs do not necessarily need to be implemented within political boundaries—there are HIEs that serve medical referral areas across city, county, and state lines. A long-term goal is to connect all HIEs with a nationwide HIE. The Office of the National Coordinator for Health Information Technology (see “ONC/ONCHIT”) is leading the development of a standard for a nationwide HIE known as the Nationwide Health Information Network (see “NwHIN”).

HIPAA	<p>The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides for the promulgation of privacy regulations for medical information. It is the key federal law that shapes the legal environment underlying health information-sharing in correctional contexts. The HIPAA Privacy Rule governs the use and disclosure of protected health information (see “PHI”) by “covered entities,” defined as health plans, health care clearinghouses, or health care providers that transmit health information in electronic form in connection with a covered transaction, such as submitting a health care claim to a health plan. There are many interpretations as to how HIPAA applies within a correctional environment, including the question of whether a jail is considered a covered entity.</p>
HITECH	<p>The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is legislation contained within the American Recovery and Reinvestment Act of 2009 (ARRA) that seeks to improve American health care delivery and patient care through an unprecedented \$19.2 billion dollar investment in the promotion of health information technology. The HITECH Act has been designed to provide health care providers with assistance and technical support for adopting this new technology, to enable the coordination and alignment of these systems within and among states, and to assure that the health care workforce is properly trained and equipped to use electronic health record systems in a meaningful way (see “MU”).</p>
HIX	<p>A key feature of the Patient Protection and Affordability Care Act (see “PPACA/ACA”) is a requirement that states set up health insurance exchanges (HIXs). A health insurance exchange is a marketplace that offers purchasers of health insurance—employers and individuals—a variety of plans from different insurers. Beginning in 2014, HIXs will primarily serve individuals looking to purchase insurance for themselves and also small businesses with fewer than 100 employees. States are expected to establish exchanges with support and technical assistance from the federal government as needed. If a state does not implement an exchange, the federal government will step in and implement the exchange for the non-compliant state.</p>
HL7	<p>Health Level 7 International (HL7) is an all-volunteer, non-profit organization that develops international standards for health care informatics that can be used interoperably among different health care entities. Hospitals and other health care provider organizations typically have many different computer systems for everything from billing records to patient tracking. Ideally, all of these systems should communicate with each other (or “interface”) when they receive new information; however, not all do. HL7 specifies a number of flexible standards, guidelines, and methodologies by which various health care systems can communicate with each other. Such guidelines or data standards constitute a set of rules that allows information to be shared and processed in a uniform and consistent manner. These data standards are meant to allow health care organizations to easily share clinical information.</p>

ICD-9	The International Classification of Diseases (ICD), ninth revision (ICD-9), is a medical classification list for the coding of diseases. ICD-9 assigns every known health condition a unique category and code, thereby providing a standardized numerical identity for diseases that can be used worldwide for morbidity and mortality statistics, reimbursement systems, and automated decision support.
ICD-10	The International Classification of Diseases (ICD), tenth revision (ICD-10) is the successor to the ICD-9 standards. Adoption of ICD-10 has been slow to take hold in the United States, in part because Medicare and Medicaid claims require ICD-9 codes. The U.S. Department of Health and Human Services (HHS) recently called for the ICD-10 standard to systematically replace the ICD-9 functions of reporting diagnoses and procedures on health care transactions, with an anticipated effective date of October 1st, 2013. However, the American Medical Association sent a letter to HHS stating that switching to ICD-10 would impose an economic hardship on physician practices and create difficulties transitioning to electronic health records. As a result, HHS will announce a new compliance deadline after re-examining the pace of ICD-10 implementation.
IMS, JMS, IIS	An inmate management system (IMS), also commonly called a jail management system (JMS) or an inmate information system (IIS), is a software suite designed to support a jail's record-keeping, administrative, and supervisory needs. With several varieties of IMS software available from numerous vendors, common applications include booking, accounting, biometrics, document management, medical management, staff records, and scheduling. The medical capabilities of IMS systems are generally restricted to patient visit scheduling, the recording of inmate vitals, physician orders pertaining to prosthetics and bunking placement dependent upon medical need, and medication disbursement by correctional staff.
Interoperability	Interoperability describes the extent to which systems and devices can exchange data and interpret shared data. For two systems to be interoperable, they must be able to exchange data and subsequently present those data such that they can be understood by a user. A key goal of meaningful use (see "MU") is to promote interoperability in order to lower costs and improve care.
Jail vs. Prison	Jails are typically county or city institutions that house inmates awaiting local trial and individuals convicted of misdemeanors who are serving short terms, generally less than a year. Prisons, on the other hand, are state or federal facilities that usually incarcerate convicted felons serving a sentence longer than one year. Compared with prison inmates, the health and legal status of people in jail are constantly in flux. For example, people entering jail are frequently intoxicated and some are undergoing drug or alcohol withdrawal. They may be injured, angry, fearful, remorseful, delusional, hallucinating, aggressive, and/or suicidal. They may have been taking psychotropic medication, which is abruptly stopped when they enter the jail. All of these conditions require time to assess, treat, or stabilize the inmate. At any time, the inmate may be released on bail or charges could be dropped. By contrast, in prison, the inmate is usually stable upon entry, and will stay for a defined period of months or years.

KOP	<p>A keep-on-person medication (KOP) policy is used in some correctional facilities to allow medically approved inmates to keep medications in their possession and to self-administer certain medications as needed. The most common example is nitroglycerine for treating angina. Medications that are routinely disallowed for KOP distribution include controlled substances, some psychotropic drugs, and prescription pain medications. KOP is contrasted with DOT (Directly Observed Therapy), which involves a health care worker dispensing medication to an inmate and generating a written record of this transaction.</p>
Middleware	<p>Middleware software is generally used to interface disparate information technology systems or software components, allowing them to exchange data. A master patient index (see “MPI”) is an example of middleware. When a health information exchange (see “HIE”) needs to locate a patient’s health record, it interfaces with an MPI (middleware). The MPI supports patient matching software and consolidates the results that the HIE requested and returns the results (a health record) to the HIE, thus effecting an exchange of data.</p>
MPI	<p>A key issue concerning health information exchange (see “HIE”) technology is ensuring that an individual patient is identified accurately across multiple electronic health record systems. For example, in an emergency room connected to an HIE, how can providers locate the health record of a patient? There is no national health identifier associated with health records. The current state of the industry approach to establishing patient identity is to use a master patient index (MPI) to perform probabilistic algorithms on demographic information to determine if health records from different sources represent the same individual. Once a match is made in the MPI, the health records associated with this identifier can be retrieved. Industry experience indicates that there is a false-negative error rate (i.e., records are overlooked) of roughly 8% to 10% in this process, and a small but non-zero false-positive rate (i.e., records returned are not the patient’s). These rates may be even higher among criminal justice-involved populations, whose members frequently employ multiple aliases and addresses.</p>
MU	<p>The American Recovery and Reinvestment Act of 2009 (ARRA) includes financial incentives for certain health care providers to adopt health information technologies such as electronic health record (see “EMR, EHR, PHR”) systems in exchange for demonstrating “meaningful use” (MU) of those systems to achieve improvements in health and cost-effectiveness. To be a meaningful user of an EHR system, a health care provider must have a system that is certified, used in a “meaningful manner,” be capable of electronic exchange of health information (see “Interoperability”), and be capable of submitting clinical quality and other measures. MU standards are being implemented gradually in three stages to facilitate transitions to electronic systems for providers, with the overall goal of supporting widespread implementation of electronic health record systems with some guidance toward their development and efficiency. Behavioral health providers, to the extent that they do not utilize physicians, do not qualify for the enhanced reimbursement benefits of meaningful use.</p>

NCIC	The National Crime Information Center (NCIC) is the central database maintained by the FBI's Criminal Justice Information Services Division for tracking crime-related information in the United States. The NCIC collects data from federal, state, and local law enforcement agencies. Reciprocally, law enforcement agencies nationwide can access relevant NCIC records, even in the field. The NCIC file for an individual includes a fingerprint classification system that is used by the criminal justice system to better establish the identity of an individual.
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NIEM	The National Information Exchange Model (NIEM) is a framework for information exchange that seeks to provide a common vocabulary of data types, in order to facilitate consistent, repeatable exchanges of information among agencies and domains. Initially developed by the Department of Justice for law enforcement use, NIEM is not a database, software, or an actual information exchange. It is a way of describing the data that are in motion during an electronic exchange. This is accomplished by interfacing all users, new and established, with a single data exchange protocol called Information Exchange Package Documentation (IEPD). This information package defines message type, structure, content, and meaning of all exchanged data. In this way, users can achieve a common language of data transmission for their on-demand data exchange needs, without the high costs of developing and maintaining unique communication protocols. NIEM uses extensible markup language (see "XML"), which allows data to be defined through simple but carefully defined syntax rules that provide a common medium of information exchange. It has been suggested that NIEM might become the basis for a universal standard of interchange for health information exchanges (see "HIE").
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NWHIN (NHIN)	The National Health Information Network (NWHIN, formerly NHIN) is a set of standards, services, and policies that support the foundation of a nationwide exchange of electronic health information. The NWHIN is neither a physical network nor a storage technology for patient records. Instead, it is a "network of networks" advanced by the Office of the National Coordinator for Health Information Technology (see "ONC/ONCHIT") that will connect diverse entities that need to exchange health information, including state and regional health information exchanges (see "HIE"), health plans, and federal agencies. The Direct Project (see "Direct Project") is an affiliated program of the NWHIN that is seen as a complimentary approach to data transfer that will later be integrated into a larger system.
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ONC/ONCHIT	The Office of the National Coordinator for Health Information Technology (ONC/ONCHIT), formally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS), is a federal entity designed to coordinate the nation's efforts for establishing a health information technology (HIT) infrastructure that supports the electronic exchange of health information. ONC promotes the goal of nationwide HIT as a means of increasing health care quality, lowering costs of treatment, ensuring the security of protected patient information, and increasing the ability of a range of health care providers to operate in a coordinated way. ONC has awarded grants to a variety of HIT-related projects from funding created by the Health Information Technology for Economic and Clinical Health Act of 2009 (see "HITECH"). These include the Beacon Community Program (see "Beacon") and the State Health Information Exchange Program, as well as support for the Regional Extension Centers (see "REC"). The position of National Coordinator was created in 2004 through an Executive Order of former President George W. Bush, and legislatively mandated within HITECH; the current director is Farzad Mostashari, MD, ScM, appointed by HHS Secretary Kathleen Sebelius in 2011.
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PCAST

The President's Council of Advisors on Science and Technology (PCAST) is an advisory group of leading scientists and engineers appointed by the President to augment the scientific and technological advice available to him from inside the White House, from cabinet departments, and from other federal agencies. In December 2010, PCAST submitted a report to President Barack Obama entitled, "Realizing the Full Potential of Health Information Technology to Improve Healthcare for Americans: The Path Forward." It identifies lack of interoperability as the central problem for health information technology (HIT), explaining that current HIT systems fall short of their potential because proprietary data stores inhibit the free and interconnected flow of data. The PCAST authors also state that they consider the development of a "universal exchange language" (UEL, coded in XML) as a potential solution to the problem. The UEL system is based on the notion of data elements being reduced to their "atomic core." It advocates that each of these core elements have metadata ("data about data") tagging that includes the element and its value along with the identity of a patient, a patient-controlled privacy designation, and other provenance information about the element. The process of searching for these data would resemble a Web search. The metadata of the UEL would allow a search engine to assemble the pertinent elements of a health record. Several objections have been raised to the proposals of the PCAST report, including: 1) reducing data elements to their "atomic core" might contribute to the loss of valuable contextual data; 2) re-constituting data may not be possible if that context is lost; 3) search engines are imperfect and assembling health care data in this fashion would require a high level of precision; and 4) a patient-controlled privacy designation may change over time but the metadata of the UEL might not always reflect this change.

PHI

Personal health information (PHI), also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information, and other data collected by a health care professional to identify an individual and determine appropriate care. Under the Health Insurance Portability and Accountability Act of 1996 (see "HIPAA"), covered entities are limited in the types of PHI they may collect from individuals, share with other organizations, or use in marketing communications. In addition, PHI must be provided to patients if requested and cannot be sold unless used for public health activities, research, treatment, services rendered, or the merger/acquisition of a HIPAA-covered entity. HIPAA also gives individuals the right to make written requests to amend PHI that is being maintained by a covered entity. PHI should not be confused with a personal health record (see "EMR, EHR, PHR"), which is maintained and updated by a patient using a service.

PPACA/ACA	<p>The Patient Protection and Affordable Care Act (PPACA/ACA) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. PPACA is commonly known as the health care reform law. PPACA includes numerous provisions to take effect over several years beginning in 2010, including those listed below:</p> <ul style="list-style-type: none"> • Guaranteed issue and partial community rating will require insurers to offer the same premium to all applicants of the same age and geographical location without regard to most pre-existing conditions (excluding tobacco use). • A shared responsibility requirement, commonly called an individual mandate, requires that all persons not covered by an employer-sponsored health plan, Medicaid, Medicare, or other public insurance programs, purchase and comply with an approved private insurance policy or pay a penalty. • Medicaid eligibility is expanded to include all individuals and families with incomes up to 133% of the federal poverty level, commonly referred to as “Medicaid expansion.” • Health insurance exchanges will commence operation in each state, offering a marketplace where individuals and small businesses can compare policies and premiums and buy insurance (with a government subsidy if eligible). • Low-income persons and families with incomes above the Medicaid level and up to 400% of the federal poverty level will receive federal subsidies on a sliding scale if they choose to purchase insurance via an exchange. • Minimum standards for health insurance policies are to be established and annual and lifetime coverage caps will be banned. • Firms employing 50 or more people but not offering health insurance will also pay a shared responsibility requirement if the government has had to subsidize an employee’s health care. • Very small businesses will be able to get subsidies if they purchase insurance through an exchange.
Probation vs. Parole	<p>Although the terms “parole” and “probation” are often confused, they are two different concepts based on the idea that an offender need not be confined to a correctional facility. What differ are the circumstances surrounding the individual’s release into society. An offender may be sentenced to probation instead of serving jail or prison time. Along with probation come strict guidelines that must be followed by the offender; violation puts the offender at risk for incarceration. Parole, on the other hand, is the conditional release from prison. With parole, the offender has already served some time in a correctional facility and requests an early release, dependent upon certain conditions that must be met in order for the offender to stay out of prison.</p>

REC	<p>The Health Information Technology for Economic and Clinical Health Act (see “HITECH”) authorized the creation of a Health Information Technology Extension program that included the establishment of Health Information Technology Regional Extension Centers (RECs). RECs support and serve health care providers by helping them become adept and meaningful users (see “MU”) of electronic health records (see “EMR, EHR, PHR”). RECs are tasked with providing on-the-ground training and support services to individual and small-practice physicians, offering information and guidance to EHR implementation, and giving technical support on an as-needed basis. These services include working with vendors to help REC clients choose a certified EHR system. The HITECH Act has authorized \$677 million dollars in funding to support a national system of RECs in order to service every geographic region of the United States.</p>
RHIO	<p>A Regional Health Information Organization (RHIO) is an organization that provides information and assistance to health care providers planning to implement an electronic health information exchange (see “HIE”) infrastructure. In some cases, communities attempting to implement HIEs or to connect with existing HIEs lack the funding and/or the technical knowledge to do so. RHIOs work closely with and among the communities that they serve to develop and establish secure systems and processes for sharing clinical information. There is some warranted confusion between the terms HIE and RHIO. The Health Information Technology for Economic and Clinical Health Act (see “HITECH”) refers only to HIEs, and as a result the term HIE is often employed for both the organization that implements an HIE and the technological infrastructure itself. The term RHIO is now used less frequently.</p>
Sustainability	<p>Sustainability is a term often used in connection with health information exchanges (see “HIE”). When referring to HIEs, sustainability can be defined as generating enough revenue through various service offerings—excluding grants and donations—to fund operations. Non-financial attributes may also be associated with sustainability, such as broad stakeholder involvement and support. It is important for an HIE to have a business plan that defines and drives sustainability. The HIE must offer services for which there is a demand and for which the perceived value is greater than the price that customers are expected to pay.</p>
XML	<p>XML stands for eXtensible Markup Language. To understand XML, it is useful to compare XML with HTML. Both XML and HTML are mark-up languages, meaning that they surround textual data with “tags.” HTML tags tell a browser how to display the text (i.e., <p>This data is in a paragraph because it is surrounded by these odd-looking p’s. </p>). XML tags tell the software application what the data are (i.e., <name>Bob Jones</name>). Another major difference between HTML and XML is that HTML has a limited, pre-defined set of tags, whereas XML allows users to define their own tags. This last difference is what makes XML amenable for use within the health care domain. The extensibility of XML allows it to capture the complexity of health data. Because of its extensibility and its widespread acceptance, XML is often mentioned as a language best suited to achieve interoperability (see “Interoperability”) of health data (see “PCAST” and “NIEM”).</p>
