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Preface

The Patient Protection and Affordable Care Act (ACA) of 2010 has taken center stage because of its promise to push the American health care system further into the public domain. Signed into law on March 23, 2010 by President Barack Obama, the ACA of 2010 represents the most sweeping commitment of federal and state tax dollars since the creation of the Medicare and Medicaid programs in 1965. Also unique in the history of American health policy making is the manner in which the “Health Care Reform Bill,” as it was generally called, was passed by a Democratic majority in Congress without a single Republican vote. Moreover, the American people were not informed of the plan’s details. It is quite revealing that one of the chief architects of the bill, Nancy Pelosi, then majority leader in the House of Representatives, stated in a televised speech that the bill had to be passed so the American people could discover what was in it.

Seen as ironic by many, the major provisions of the law are not scheduled to take effect until 2014. In the meantime, the midterm election held in 2010 has changed the political landscape by giving Republicans the majority in the House of Representatives. Another major election, including the one for the presidency, is scheduled for 2012. In the meantime, over one-half of the US states have joined in lawsuits to overturn the ACA of 2010, referred to as ObamaCare by its critics. In December 2010, a federal court in Virginia ruled part of the ACA to be unconstitutional. Just over one month later, in January 2011, the US District Court in Florida declared the entire law to be unconstitutional. Not surprising, about one-half of the American public is also opposed to this law as being too far-reaching and too costly.

In the past, incrementalism has been the favored American approach to reform the US health care system. Hence, the ACA of 2010 has opened the proverbial Pandora’s box and has aroused public sentiment against a government that is perceived as becoming too large and intrusive. As expected, the Obama Administration has filed legal appeals to have the court decisions rendered in Virginia and Florida overturned by higher courts.

Apart from the legal challenges, the Republicans, who gained control of the House, threatened other measures, such as defunding the ACA’s implementation. No doubt, there will be plenty of political fodder to fuel American passions during the 2012 election, which will also have major implications for the future of US health care. Regardless of the ACA’s final fate, however, the door for health reform has been opened. Assuming that the ACA becomes unimplementable, forces have been set in motion to make at
least some headway toward enabling the un-
insured to obtain health insurance.

Conversely, nagging questions remain. 
Having health insurance (i.e., coverage) and 
obtaining health care when needed (i.e., ac-
cess) are two different things. The latter re-
quires an adequate capacity to deliver care 
when health insurance is extended to mil-
ions of additional people. It is uncontested 
that the United States lacks the capacity to 
deliver primary care. Retirement of the baby 
boomers between 2011 and 2030 is another 
worrisome aspect facing future generations. 
A true reform of the health care system must 
address other serious questions: (1) How 
will a health care system that is lopsided in 
its focus on medical specialization deal with 
a mushrooming sector of the population in 
which the prevention and management of 
chronic conditions will be of primary impor-
tance? (2) How will the nation deal with the 
impending shortage of qualified workers in 
just about every area of health care delivery? 
(3) What can be done to finance long-term 
care services that over 20% of the US popu-
lation will start utilizing around 2020 and 
beyond? (4) Will the nation be able to afford 
the ongoing development and use of costly 
new medical technology that may deliver 
fewer health benefits in relation to its costs? 
(5) How will a heavily indebted nation deal 
with the increasing costs of health care?

Other developed nations also face simi-
lar dilemmas. Cost control, individual re-
 sponsibility by following healthy lifestyles 
and judicious use of health care resources, 
emphasis on basic health care, and value for 
the dollar spent should receive much greater 
emphasis than they have in the past.

Although this book is primarily focused 
on health care delivery in the United States, 
the nation is not isolated from global events 
and the underdeveloped state of health care 
delivery in poorer countries. The spread of 
deadly infections does not recognize na-
tional borders; natural disasters appear to 
be taking a toll on human life and health, 
with greater frequency and severity without 
warning; and man-made disasters brought on 
by terrorist activities can happen anywhere 
and anytime. Dealing with these threats re-
quires international assistance, cooperation, 
and joint effort. Hence, public health has 
taken on a new meaning, both in its extent 
and scope. Without the involvement of pub-
lic health, any humanitarian efforts remain 
incoplete.

New to This Edition

This fifth edition has undergone some major 
revisions, while maintaining its basic struc-
ture and layout that, for almost 15 years, has 
served quite well in helping readers both at 
home and overseas understand the complex-
ities of the US health care delivery system. 
The main thrust of the revisions was to put 
American health care delivery in the context 
of current developments in health reform, 
even though some details will likely change 
as this major theme continues to evolve. 
Hence, references to specific provisions 
of the ACA of 2010 are made in almost all 
chapters.

As in the past, this edition has been up-
dated throughout with the latest pertinent 
data, trends, and research findings available 
at the time the manuscript was prepared. Co-
pious illustrations in the form of examples, 
facts, figures, tables, and exhibits continue to 
make the text come alive. Some of the main 
additions to the text include health care re-
form in several other countries (Chapter 1); 
important conceptual frameworks of health 
determinants and current information on
**Healthy People 2020** (Chapter 2); an overview of the mental asylum in its historical context and the transition to community mental health services (Chapter 3); updates on major issues in health care workforce (Chapter 4); high-deductible health plans; the state of employment-based health insurance; the status of Medicare Hospital Insurance and Supplemental Medical Insurance trust funds; a tabulated summary of the main insurance provisions of the ACA of 2010 (Chapter 6); measurement of and value of primary care; models of patient-centered care; and developments in home health care, community health centers, and alternative medicine (Chapter 7); controversies surrounding physician-owned specialty hospitals; the Magnet Recognition Program® of the American Nurses Credentialing Center (Chapter 8); quality assessment in managed care; accountable care organizations (Chapter 9); updates on racial/ethnic minorities and vulnerable populations (Chapter 11); updates on clinical practice guidelines; CMS’s quality initiatives and quality report cards; and state reporting of quality indicators (Chapter 12); and perspectives on the politics of health reform (Chapter 13). To place potential developments in their current context, Chapter 14 has been rewritten almost in its entirety. The chapter begins with a framework that helps understand major forces of change. It discusses the precedents for the ACA of 2010 and evaluates the future of health reform in the context of major constraints. The chapter also explores strategies for implementing emerging models of medical home, community-oriented primary care, and patient-centered care; the skills necessary to prepare the future workforce; challenges in long-term care; innovations in technology; international issues; and the emerging role of comparative effectiveness research.

Aside from the changes, the book retains the original systems framework to discuss the components of US health care delivery. It also retains the original 14 chapters as major themes following the systems model. Our aim in this textbook is to continue to meet the needs of both graduate and undergraduate students. We have attempted to make each chapter complete without making it overwhelming for beginners. Instructors, of course, will choose the sections they decide are most appropriate for their courses.

As in the past, we invite comments from our readers. Communications can be directed to either or both authors:

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We appreciate the work of Eunhee Grace Cho and Normalie Barton in providing invaluable assistance in the preparation of selected chapters of this book.
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# List of Abbreviations/Acronyms

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<tr>
<th>A</th>
<th>ALOS—average length of stay</th>
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<tbody>
<tr>
<td>AAA—Area Agencies on Aging</td>
<td>AMA—American Medical Association</td>
</tr>
<tr>
<td>AALL—American Association of Labor Legislation</td>
<td>amfAR—Foundation for AIDS Research</td>
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<tr>
<td>AAMC—Association of American Medical Colleges</td>
<td>ANA—American Nurses Association</td>
</tr>
<tr>
<td>AA/PIs—Asian American and Pacific Islanders</td>
<td>APCs—ambulatory payment classifications</td>
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<tr>
<td>AAAs—Asian Americans</td>
<td>APN—advanced practice nurse</td>
</tr>
<tr>
<td>ACA—Patient Protection and Affordable Care Act</td>
<td>ARRA—American Recovery and Reinvestment Act</td>
</tr>
<tr>
<td>ACNM—American College of Nurse-Midwives</td>
<td>ASPR—Assistant Secretary for Preparedness</td>
</tr>
<tr>
<td>ACPE—American Council on Pharmaceutical Education</td>
<td>AZT—zidovudine</td>
</tr>
<tr>
<td>ACS—American College of Surgeons</td>
<td>B</td>
</tr>
<tr>
<td>ADA—American Dental Association</td>
<td>BBA—Balanced Budget Act of 1997</td>
</tr>
<tr>
<td>ADA—Americans with Disabilities Act</td>
<td>BPHC—Bureau of Primary Health Care</td>
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<tr>
<td>ADC—adult day care</td>
<td>BSN—baccalaureate degree nurse</td>
</tr>
<tr>
<td>ADE—adverse drug events</td>
<td>BWC—Biological Weapons Convention</td>
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<tr>
<td>ADL—activities of daily living</td>
<td>C</td>
</tr>
<tr>
<td>ADN—associate’s degree nurse</td>
<td>CAH—critical access hospital</td>
</tr>
<tr>
<td>AFC—adult foster care</td>
<td>CAM—complementary and alternative medicine</td>
</tr>
<tr>
<td>AFDC—Aid to Families with Dependent Children</td>
<td>CARE Act—Comprehensive AIDS Resources Emergency Act</td>
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<tr>
<td>AHA—American Hospital Association</td>
<td>CAT—computerized axial tomography</td>
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<tr>
<td>AHRQ—Agency for Healthcare Research and Quality</td>
<td>CBO—Congressional Budget Office</td>
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<tr>
<td>AIDS—acquired immune deficiency syndrome</td>
<td>CCIP—Chronic Care Improvement Program</td>
</tr>
<tr>
<td>ALF—assisted living facility</td>
<td>CCRC—continuing care retirement community</td>
</tr>
<tr>
<td></td>
<td>CDC—Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td></td>
<td>CEO—chief executive officer</td>
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</tbody>
</table>

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CEPH—Council on Education for Public Health
CF—conversion factor
CHAMPUS—TriCare program
CHAMPVA—Civilian Health and Medical Program of the Department of Veterans Affairs
CHC—community health center
CIA—Central Intelligence Agency
CLASS—Community Living Assistance Services and Support
CMGs—case-mix groups
C/MHCs—Community and Migrant Health Centers
CMS—Centers for Medicare & Medicaid Services
CNA—certified nursing assistant
CNM—certified nurse-midwife
CNSs—clinical nurse specialists
COBRA—Consolidated Omnibus Budget Reconciliation Act of 1985
COGME—Council on Graduate Medical Education
CON—certificate-of-need
COPC—community-oriented primary care
COPD—chronic obstructive pulmonary disease
COTA—certified occupational therapy assistant
COTH—Council of Teaching Hospitals and Health Systems
CPI—consumer price index
CPOE—computerized physician order entry
CPT—current procedural terminology
CQI—continuous quality improvement
CRNA—certified registered nurse anesthetist
CT—computed tomography
CVA—cardiovascular accident

DHHS—Department of Health and Human Services
DHS—Department of Homeland Security
DMD—doctor of dental medicine
DME—durable medical equipment
DoD—Department of Defense
DOs—doctors of osteopathy
DPCs—diagnosis-procedure combinations
DPM—doctor of podiatric medicine
DRA—Deficit Reduction Act of 2005
DRGs—diagnostic-related groups
DSM-IV—Diagnostic and Statistical Manual of Mental Disorders
DTP—diphtheria-tetanus-pertussis

E

EBM—evidence-based medicine
EBRI—Employee Benefit Research Institute
ECG—electrocardiogram
ECU—extended care unit
ED—emergency department
EEG—electroencephalogram
EHRs—electronic health records
EIAs—enzyme immunoassays
ELISA—enzyme-linked immunosorbent assay
EMT—emergency medical technician
EMTALA—Emergency Medical Treatment and Labor Act
ENP—elderly nutrition program
EPA—Environmental Protection Agency
EPO—exclusive provider organization
EPSDT—Early Periodic Screening, Diagnosis, and Treatment program
ERISA—Employee Retirement Income Security Act
ESP—Economic Stabilization Program
ESRD—end-stage renal disease
EUA—emergency use authorization

F

FBI—Federal Bureau of Investigation
FD&C—Federal Food, Drug, and Cosmetic Act
FDA—Food and Drug Administration  
FIW—Federal Interagency Workgroup  
FMAP—Federal Medical Assistance Percentage  
FQHC—Federally Qualified Health Center  
FTE—full-time equivalent  
FY—fiscal year  

G  
GAO—General Accounting Office  
GAT—genome amplification testing  
GATS—General Agreement on Trade in Services  
GDP—gross domestic product  
GOAL—National Preparedness Goal  
GPs—general practitioners  

H  
HAART—highly active antiretroviral therapy  
HCBS—home and community based services  
HCBW—home and community based waiver  
HCFA—Health Care Financing Administration  
HCH—Health Care for the Homeless  
HCPP—Health Care Prepayment Plan  
HDHP—high-deductible health plan  
HEDIS—Health Plan Employer Data and Information Set  
HHCS—Home and Hospice Care Survey  
HHRG—home health resource group  
HI—hospital insurance  
HIAA—Health Insurance Association of America  
Hib—Haemophilus influenzae B  
HIPAA—Health Insurance Portability and Accountability Act  
HIT—health information technology  
HIV—human immunodeficiency virus  
HMO—health maintenance organization  
HMO Act—Health Maintenance Organization Act  
HPSAs—Health Professional Shortage Areas  
HPV—human papillomavirus  
HRQL—health-related quality of life  
HRSA—Health Resources and Services Administration  
HSAs—health savings accounts  
HSAs—health system agencies  
HSEES—hazardous substances emergency event surveillance system  
HSIs—Health Status Indicators  
HTA—health technology assessment  
HUD—Department of Housing and Urban Development  

I  
IADL—instrumental activities of daily living  
ICD-9—International Classification of Diseases, version 9  
ICDs—implantable cardioverter defibrillators  
ICF—intermediate care facility  
ICF/MR—intermediate care facilities for mentally retarded  
ICSI IVF—intracytoplasmic sperm injection in vitro fertilization  
IDEA—Individuals with Disabilities Education Act  
IDS—integrated delivery systems  
IDU— injection drug use  
IFA—immunofluorescence assay  
IHR—International Health Regulations  
IHS—Indian Health Service  
IMGs—international medical graduates  
INS—Immigration and Naturalization Service  
IOM—Institute of Medicine  
IPA—independent practice association  
IRB—Institutional Review Board  
IRF—inpatient rehabilitation facility  
IS—information systems  
IT—information technology
<table>
<thead>
<tr>
<th>Abbreviation/Acronym</th>
<th>Meaning</th>
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<tr>
<td>IUDs</td>
<td>intrauterine devices</td>
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<td>IV</td>
<td>intravenous</td>
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<td>JCAHO</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
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<td>LPN</td>
<td>licensed practical nurse</td>
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<td>LTC</td>
<td>long-term care</td>
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<td>LTCH</td>
<td>long-term care hospital</td>
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<td>LVN</td>
<td>licensed vocational nurse</td>
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<td>MAC</td>
<td>mycobacterium avium complex</td>
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<tr>
<td>MA-SNP</td>
<td>Medicare Advantage Special Needs Program</td>
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<tr>
<td>MBA</td>
<td>master of business administration</td>
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<td>MCOs</td>
<td>managed care organizations</td>
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<td>MDs</td>
<td>doctors of medicine</td>
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<td>MDS</td>
<td>minimum data set</td>
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<td>MedPAC</td>
<td>Medicare Payment Advisory Commission</td>
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<td>MEPS</td>
<td>Medical Expenditure Panel Survey</td>
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<td>MFS</td>
<td>Medicare Fee Schedule</td>
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<tr>
<td>MHA</td>
<td>master of health administration</td>
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<td>MHPs</td>
<td>multiskilled health practitioners</td>
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<td>MHPH</td>
<td>1996 Mental Health Policy Act</td>
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<td>MHS</td>
<td>multihospital system</td>
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<td>MSHA</td>
<td>master of health services administration</td>
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<td>MHSS</td>
<td>Military Health Services System</td>
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<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
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<td>MLP</td>
<td>midlevel provider</td>
</tr>
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<td>MLR</td>
<td>medical loss ratio</td>
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<td>MMA</td>
<td>Medicare Prescription Drug, Improvement, and Modernization Act</td>
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<td>MMR</td>
<td>measles-mumps-rubella vaccine</td>
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<td>MPA</td>
<td>master of public administration/affairs</td>
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<td>MPFS</td>
<td>Medicare Physician Fee Schedule</td>
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<td>MPH</td>
<td>master of public health</td>
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<tr>
<td>MPPRP</td>
<td>Medicare’s Physician Payment Reform Program</td>
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<tr>
<td>MR/DD</td>
<td>mentally retarded, developmentally disabled persons</td>
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<td>MRHFP</td>
<td>Medicare Rural Hospital Flexibility Program</td>
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<tr>
<td>MRI</td>
<td>magnetic resonance imaging</td>
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<td>MSA</td>
<td>medical savings account</td>
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<td>MSA</td>
<td>metropolitan statistical area</td>
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<td>MSO</td>
<td>management services organization</td>
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<td>MTFs</td>
<td>medical treatment facilities</td>
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<td>MUAs</td>
<td>medically underserved areas</td>
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<tr>
<td>NAB</td>
<td>National Association of Boards of Examiners of Long-Term Care Administrators</td>
</tr>
<tr>
<td>NADSA</td>
<td>National Adult Day Services Association</td>
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<tr>
<td>NAPBC</td>
<td>National Action Plan on Breast Cancer</td>
</tr>
<tr>
<td>NASA</td>
<td>National Aeronautic and Space Administration</td>
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<td>NAT</td>
<td>nucleic acid testing</td>
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<td>NCCAM</td>
<td>National Center for Complementary and Alternative Medicine</td>
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<td>NCHS</td>
<td>National Center for Health Statistics</td>
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<td>NCMS</td>
<td>New Cooperative Medical Scheme</td>
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<tr>
<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td>NF</td>
<td>nursing facility</td>
</tr>
<tr>
<td>NGC</td>
<td>National Guideline Clearinghouse</td>
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<td>NHC</td>
<td>neighborhood health center</td>
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<tr>
<td>NHE</td>
<td>national health expenditures</td>
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<td>NHHRC</td>
<td>National Health and Hospitals Reform Commission</td>
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<tr>
<td>NHI</td>
<td>national health insurance</td>
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<tr>
<td>NHS</td>
<td>British National Health Service</td>
</tr>
<tr>
<td>NHSC</td>
<td>National Health Service Corps</td>
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<td>NHSS</td>
<td>National Health Security Strategy</td>
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<td>Abbreviation</td>
<td>Definition</td>
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<tr>
<td>NIAAA</td>
<td>National Institute of Alcohol Abuse and Alcoholism</td>
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<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
</tr>
<tr>
<td>NIDA</td>
<td>National Institute on Drug Abuse</td>
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<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
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<td>NIMH</td>
<td>National Institute of Mental Health</td>
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<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>NP</td>
<td>nurse practitioner</td>
</tr>
<tr>
<td>NPC</td>
<td>nonphysician clinician</td>
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<tr>
<td>NPP</td>
<td>nonphysician practitioner</td>
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<td>NRA</td>
<td>Nurse Reinvestment Act of 2002</td>
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<td>NRP</td>
<td>National Response Plan</td>
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<td>OAM</td>
<td>Office of Alternative Medicine</td>
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<td>OBRA-87</td>
<td>Omnibus Budget Reconciliation Act of 1987</td>
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<td>Omnibus Budget Reconciliation Act of 1993</td>
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<td>OD</td>
<td>doctor of optometry</td>
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<tr>
<td>OI</td>
<td>opportunistic infections</td>
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<td>OMB</td>
<td>Office of Management and Budget</td>
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<td>OPPS</td>
<td>Outpatient Prospective Payment System</td>
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<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<td>OT</td>
<td>occupational therapist</td>
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<td>OWH</td>
<td>Office on Women’s Health</td>
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<td>P4P</td>
<td>pay-for-performance</td>
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<td>PA</td>
<td>physician assistant</td>
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<td>PACE</td>
<td>Program of All-Inclusive Care for the Elderly</td>
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<td>PAHP</td>
<td>Pandemic and All-Hazards Preparedness Act</td>
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<td>PASRR</td>
<td>Preadmission Screening and Resident Review</td>
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<td>PCCM</td>
<td>primary care case management</td>
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<td>PCGs</td>
<td>primary care groups</td>
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<td>PCIP</td>
<td>Pre-Existing Condition Insurance Plan</td>
</tr>
<tr>
<td>PCM</td>
<td>primary care manager</td>
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<tr>
<td>PCP</td>
<td>pneumocystis carinii</td>
</tr>
<tr>
<td>PCP</td>
<td>primary care physician</td>
</tr>
<tr>
<td>PCT</td>
<td>primary care trust</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
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<td>PERS</td>
<td>personal emergency response systems</td>
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<td>PET</td>
<td>positron emission tomography</td>
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<td>private fee-for-service</td>
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<td>PharmD</td>
<td>doctor of pharmacy</td>
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<td>PhD</td>
<td>doctor of philosophy</td>
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<td>PHE</td>
<td>public health emergency</td>
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<td>PHI</td>
<td>personal health information</td>
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<td>PHO</td>
<td>physician-hospital organization</td>
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<td>PhRMA</td>
<td>Pharmaceutical Research and Manufacturers of America</td>
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<td>public health service</td>
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<td>PL 107-205</td>
<td>Nurse Reinvestment Act of 2002</td>
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<td>PMPM</td>
<td>payment per member per month</td>
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<td>PORTS</td>
<td>patient outcomes research teams</td>
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<td>POS</td>
<td>point-of-service plan</td>
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<td>PPD</td>
<td>per-patient day rate</td>
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<td>PPM</td>
<td>physician practice management</td>
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<td>PPOs</td>
<td>preferred provider organizations</td>
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<td>PPS</td>
<td>prospective payment system</td>
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<td>peer review organizations</td>
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<td>PRWORA</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act</td>
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<tr>
<td>PSO</td>
<td>provider-sponsored organization</td>
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<td>PSROs</td>
<td>professional standards review organizations</td>
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<td>PsyD</td>
<td>doctor of psychology</td>
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<tr>
<td>PTA</td>
<td>physical therapy assistant</td>
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<tr>
<td>PTCA</td>
<td>percutaneous transluminal coronary angioplasty</td>
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<tr>
<td>PTs</td>
<td>physical therapists</td>
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</table>
Q
QALY—quality-adjusted life year
QDWI—Qualified Disabled and Working Individual Program
QI—qualified individual program
QIOs—Quality improvement organizations
QMB—Qualified Medicare Beneficiary program

R
R&D—research and development
RAI—resident assessment instrument
RBRVS—resource-based relative value scales
RFID—radio frequency identification
RICs—rehabilitation impairment categories
RN—registered nurse
RUG-III—Resource Utilization Groups, version 3
RUGs—resource utilization groups
RVUs—relative value units
RWJF—Robert Wood Johnson Foundation

S
SAMHSA—Substance Abuse and Mental Health Services Administration
SARS—severe acute respiratory syndrome
SAV—small area variations
SCHIP—State Children’s Health Insurance Program
SCN—Sentinel Centers Network
SES—socioeconomic status
SHI—socialized health insurance
S/HMO—social health maintenance organization
SIPP—Survey of Income and Program Participation
SLMB—specified low-income Medicare beneficiary
SMI—supplementary medical insurance
SNF—skilled nursing facility
SNS—Strategic National Stockpile
SPECT—single-photon emission computed tomography
SROs—single-room occupancy units
SSI—Supplemental Security Income
STDs—sexually transmitted diseases

T
TAH—total artificial heart
TANF—Temporary Assistance for Needy Families
TCU—transitional care unit
TEFRA—Tax Equity and Fiscal Responsibility Act
TFL—TriCare for Life
TPA—third-party administrator
TQM—total quality management

U
UCR—usual, customary, and reasonable
UR—utilization review

V
VA—Department of Veterans Affairs
VERA—Veterans Equitable Resource Allocation
VHA—Veterans Health Administration
VISN—Veterans Integrated Service Network
VNA—Visiting Nurses Association
VPS—volume performance standard

W
WHO—World Health Organization
WHOCSDH—WHO Commission on Social Determinants of Health
WIC—Women, Infants, and Children