

2.1 Some Useful U.S. Health Care and Public Health Terms

Access to Care: The ability to obtain health care. Access to care can involve locating information about local available services; figuring out how to pay for care through health insurance, sliding scale fees, self-pay, or other payment arrangements; finding transportation to care; and being able to communicate your needs effectively with care providers.

Accountable Care Organization (ACO): Called for in the Affordable Care Act, ACOs are still somewhat under-defined. They are systems or networks of hospitals, doctors, and other health care providers in the community that work together to provide quality patient care and keep costs down through their management of patients and sharing of patient information. ACOs will presumably keep costs down through incentives for providers to meet certain care quality standards and by not ordering unnecessary tests and procedures typical of the current fee-for-service model.

Behavioral Health: This term is frequently used interchangeably with mental health or emotional health. "Behavioral health services" most often means psychological and psychiatric treatment and can include addiction treatment. Different cultures have different approaches to treating behavioral health issues.

Care Coordination/Case Management: The [Case Management Society of America](#) defines case management, also known as care coordination, as "a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes." Case managers work in a variety of in-patient and out-patient health-related settings, including hospitals, mental health facilities, addiction treatment programs, long-term care facilities, agencies on aging, HIV/AIDS services, disabilities services, and immigrant/refugee services. They can help ELLs navigate health care and connect with needed services.

Community Services Board (CSB): A local government agency that provides supportive services, typically for sliding scale fees, for people with mental illness, intellectual and developmental disabilities, and substance abuse issues. Services might include counseling, psychiatric treatment, case management, addiction treatment, housing support, employment support, and emergency psychiatric evaluations. There are 40 CSBs in Virginia.



Complementary and Alternative Medicine (CAM): CAM is an informally defined group of non-conventional approaches and methods for treating health issues. The term CAM covers dietary supplements, folk medicines, acupuncture, mind-body medicine, and manipulation of the body such as chiropractic care. Many traditional treatment methods from the native cultures of some ESOL learners are considered CAM in the U.S. Often people use CAM in combination with conventional “western” medicine.

Continuum of Care: A system of care provided at different care levels. For example, if a person is injured in a car crash, perhaps they are taken to a hospital emergency room, then an intensive care unit in that hospital, then an intermediate care unit, then they are transferred out of the hospital to a rehabilitation facility, then to their home with in-home physical therapy two times a week. This sequence of care providers represents the patient’s continuum of care.

Electronic Medical Record (EMR): Information on a patient’s medical history and treatment that health care providers, including private doctors, clinics, and hospitals, maintain in their computer systems. While EMRs can raise concerns over who can access personal medical information, they are helpful because all providers in one system are working with the same information (i.e., they are all on the same page) and treatment errors caused by illegible handwriting are reduced.

Emergency Medicaid (in Virginia, it’s called State and Local Hospitalization, or SLH): Special one-time coverage for emergency hospitalization. Undocumented immigrants may be considered for Emergency Medicaid without repercussions due to immigration status. If a low-income, uninsured person is hospitalized for a health emergency or labor and delivery, typically the hospital initiates an application for Emergency Medicaid on the patient’s behalf. The patient will be asked to provide documentation of income, assets, expenses, and address. The coverage, if approved, covers only costs relating to that emergency hospitalization.

Family Access to Medical Insurance Security (FAMIS; Virginia-specific term): This is the Virginia version of States’ Children’s Health Insurance Program (SCHIP). It is for children with U.S. citizenship in low-income families whose working parents cannot get health insurance coverage for their children through work or Medicaid. Income requirements are available at www.famis.org. Additional public insurance programs include FAMIS MOMS (pregnancy coverage), FAMIS Select (assistance paying for employer-sponsored coverage), and Smiles for Children (dental coverage).



Federally Qualified Health Center (FQHC): A federally funded safety-net provider of health care for poor and underserved populations. FQHCs might be community health centers (CHCs), public housing health centers, outpatient health programs funded by the Indian Health Service, and programs serving migrant or homeless populations. FQHCs charge a low co-pay for services, which can include physical, mental, dental, and other health care.

Free Clinic: A volunteer-based, safety-net health care provider that offers physical, mental, dental, and other care to low-income, uninsured patients. Free clinics are generally 501(c)(3) organizations. See the [Virginia Association of Free Clinics](#).

Functionally Uninsured (also Underinsured): When someone has insurance coverage but out-of-pocket deductibles and/or co-pays are prohibitively high and prevent the person from using the insurance (and getting needed health care).

Health Disparities (from the public health field): When different rates of specific health conditions exist between different population groups or when some population groups have noticeably more severe outcomes for a specific health condition than other groups. Population groups might be based on race, gender, ethnicity, disabilities, sexual orientation, where one lives (rural vs. suburban vs. urban), or age. Contributing factors to health disparities can be socioeconomic or environmental differences between groups, like differences in health literacy, education, income, access to nutritious foods and safe housing, and access to health information and health care. Examples of health disparities include higher prevalence of untreated tooth decay in Hispanic children and higher incidence of foot amputations for African American diabetics than white diabetics.

Health Equity (from the public health field): When health disparities are eliminated and all individuals and population groups have equal access to health care and good health.

Levels of Care: Classification of different kinds of health care services, usually distinguished by the intensity of the services being provided. See table below for common descriptions of levels of care.



General Categories of Levels of Care

- **Primary Care:** Typically preventive or routine care provided in a clinic or doctor's office.
- **Secondary Care:** Hospital-based or specialist care that requires more skill and specialization than a primary care doctor can provide.
- **Tertiary Care:** Highly specialized, complex, and advanced care, administered in state-of-the-art care facilities.

Additional Common Descriptions of Levels of Care

- **Skilled Nursing Facility (also known as a nursing home):** Residence providing 24/7 nursing care with a doctor supervising all care.
- **Assisted Living Facility:** Residential facility for older adults who don't require intensive medical care but may need help with activities of daily living like dressing, bathing, eating, and toileting.
- **Hospice Care:** Provides support in hospitals, homes, and hospice facilities at end-of-life or during long-term severe illness. Hospice medical care focuses on pain management. Hospices also support patients and families around spiritual and emotional aspects of end-of-life.
- **Rehabilitation:** Using special therapeutic processes, either in the hospital, a dedicated rehabilitation residential facility, or at home, to restore a person's functioning after illness or injury.
- **Emergency Care:** Care in a hospital emergency department (or by paramedics on the way to the emergency department) for potentially life-threatening or severely life-altering illness or injury. If you are using insurance, you may have an ER co-payment or an ER deductible to pay. If your condition is not serious or potentially life-threatening, your insurance may decide not to cover as much of the bill. Emergency departments see the sickest patients first, so you may have a long wait for services if your condition is not life-threatening.



Additional Common Descriptions of Levels of Care (continued)

- **Urgent Care:** Care for a variety of non-life-threatening conditions in an urgent care center, which is typically open longer hours than a doctor's office or clinic. Patient co-pays for urgent care tend to be lower than emergency department co-pays. Urgent care centers typically see patients on a first-come, first-served basis.
- **Preventive care:** Things we do to maintain our health and stop illness before it starts. Things like vaccinations, mammograms, routine blood work, and annual physicals are preventive care in the U.S. Preventive care is more common in some parts of the world than others, based on what resources people have available to them. In places where money or food are scarce, preventive care is more of a luxury. For some new arrivals to the United States, preventive care is unfamiliar or is seen through a very different cultural lens.

Managed Care Ombudsman: A government representative who helps health care consumers with health insurance understand their rights around using their health insurance, learn how to advocate for themselves around insurance issues, and appeal decisions of health insurance companies.

Medicaid: A state and federal partnership, operated by individual states, to provide health coverage to people with low incomes and some families and children. [Click here](#) to view [The Virginia Medicaid Program At A Glance](#), a bulletin from the Virginia Department of Medical Assistance Services.

Medicare: Federally run health insurance for people aged 65 and over and people with disabilities or end-stage renal disease. Enrollment is handled through local Social Security Administration offices.

- Medicare Part A covers hospitalization.
- Medicare Part B covers outpatient medical care and equipment.
- Medicare Part C (Medicare Advantage) offers the same as Parts A and B through private insurers approved by the federal government.
- Medicare Part D covers prescription drugs.



Medical Home (also called Patient-Centered Medical Home or PCMH):

A model of care first introduced in 1967 in which patients see one provider or one team of providers for most of their primary physical and mental health care needs. PCMH, emphasized in health care reform, ideally creates a closer partnership between patient and provider than is often typical in current U.S. health care; facilitates better access to quality care; and facilitates better communication, coordination, and integration of a patient's care between providers. Proponents of this model state that it promotes physician accountability, patient-centered care, patient involvement in care decisions, benefits of information technology, and better health outcomes than other currently used models.

Patients' Bills of Rights: Contrary to common belief, there is no single legally binding patients' bill of rights. There are some federal and state laws that mandate individual rights, like the right to informed consent for medical treatment and the right to access one's medical records. There are also declarations and standards established by different organizations related to health care. One better known example is the [American Hospital Association's A Patient's Bill of Rights](#).

Refugee Health: Refugees are screened for communicable diseases and physical and mental disorders associated with harmful behavior and substance abuse before they are allowed to enter the U.S. Once in the U.S., they receive a Domestic Health Assessment to follow up on previously diagnosed health conditions and test for tuberculosis; Hepatitis B; parasitic infections; pregnancy; anemia; vision, hearing, and dental problems; and other significant health issues. Immunization status is also checked. Refugees work with local case managers to determine their eligibility for Medicaid or FAMIS. If they don't qualify for these programs, they may receive the federally funded Refugee Medical Assistance, which covers the same things as Medicaid for up to eight months from their arrival in the U.S.

Respite Care: Short-term caregiving relief for people who are caring for a family member at home who would otherwise be confined to a skilled nursing facility. The need for respite care is increasing as the population of the U.S. ages. In Virginia, resources can be found through the [Virginia Division for the Aging](#) and local Agencies on Aging.

Safety Net: The unofficial system of free clinics, community health centers, migrant health programs, public health insurance, emergency departments, and charity programs that help provide health care to the un- and underinsured.



Sliding Scale Benefits: A system of variable fees for services determined by one's ability to pay. Many safety-net clinics and other human service organizations charge sliding scale fees.

Social Determinants of Health (from the public health field):

According to the [World Health Organization](#), "The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics." Some social factors that may negatively impact the health of many ELLs in the U.S. include past or present poverty, unhealthy working conditions, limited educational opportunity, diet, and limited access to health care and health education.

State and Local Hospitalization (SLH): See Emergency Medicaid.

States' Children's Health Insurance Program (SCHIP): See Family Access to Medical Insurance Security (FAMIS).

Telemedicine/Telehealth: An evolving resource proving helpful in addressing health care needs in medically underserved areas, it is the use of technology to deliver health care, health information, or health education at a distance. Examples of telemedicine/telehealth include transmitting radiology test results to another facility for diagnosis, continuing professional education, and monitoring patients in their homes via computer link to supplement home health care visits.

Transitions of Care (TOC): Whenever a patient is transferred from one care setting to another. Clear communication among care providers in each setting, and between care providers and the patient and patient's family, are essential at TOC to make sure the patient's care continues smoothly and medical mistakes don't occur. This is an especially important time for patients and family to ask questions and advocate for the patient's needs. For helpful information see the [National Transitions of Care Coalition's guide for health care consumers and family caregivers](#).

Underinsured: See Functionally Uninsured.



Online Health Care Glossaries

These online glossaries provide additional definitions for common medical, health insurance, and public health terms.

- [Centers for Disease Control and Prevention: Social Determinants of Health: Definitions](#)
- [Consumers Advancing Patient Safety \(CAPS\): Care Transitions Glossary of Terms](#)
- [FAIR Health: Glossary of Terms](#)
- [HealthCare.gov: Glossary](#)
- [KidsHealth.org: Kids' Medical Dictionary](#)
- [MedlinePlus Medical Dictionary](#)
- [National Transitions of Care Coalition: Guidelines for a Hospital Stay](#) (contains glossary of terms as well as helpful tips)
- [U.S. Department of Health and Human Services Glossary of Health Coverage and Medical Terms](#)

Resources

[Accountable Care Organizations, Explained](#)

This news report by Jenny Gold was published on January 18, 2011, by NPR.

[Agency for Healthcare Research and Quality: Patient Centered Medical Home Resource Center](#)

[American Cancer Society: What is the Patient's Bill of Rights?](#)



[American Hospital Association: A Patient's Bill of Rights](#)

[Case Management Society of America: Consumer Page](#)

[Centers for Medicare and Medicaid Services FOHC Fact Sheet](#)

The Federally Qualified Health Center Fact Sheet was last updated in November 2011.

[Centers for Medicare and Medicaid Services: What is Medicare? What is Medicaid?](#)

This fact sheet was last updated in September 2011.

[Fair Health Consumer Cost Lookup: Emergency Care vs. Urgent Care](#)

[Hospice Foundation of America: What Is Hospice](#)

[MedlinePlus Medical Dictionary](#)

[National Center for Complementary and Alternative Medicine: What is Complementary and Alternative Medicine?](#)

[National Transitions of Care Coalition](#)

[Patient-Centered Primary Care Collaborative: Joint Principles of the Patient-centered Medical Home](#)

These principles were endorsed in 2007 by major primary care physician associations including the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and the American Osteopathic Association (AOA).



[Refugee Health Technical Assistance Center: Access to Care](#)

[Refugee Health Technical Assistance Center: Health Assessment](#)

[U.S. Department of Health and Human Services Healthy People 2020 Website: Health Disparities](#)

[U.S. Department of Health and Human Services Health Resources and Services Administration: What is Telehealth?](#)

[Virginia Association of Community Service Boards](#)

[World Health Organization: Social Determinants of Health: Key Concepts](#)

