

TEST CHARACTERISTICS

Sensitivity - the true positive rate (the hood that + testers do have the disease)
 $= (\text{true positives}) / (\text{true positives} + \text{false negatives})$
Specificity - the true negative rate (the hood that negative testers don't have the disease)
 $= (\text{true negatives}) / (\text{true negatives} + \text{false positives})$
Positive Likelihood Ratio - the ratio of the hood of a positive test result occurring in true positive cases to the hood of a positive test result in false positive cases. $LR+ = (\text{sensitivity}) / (1 - \text{specificity})$
Negative Likelihood Ratio - ratio of the hood of a negative test result in false negative cases to the hood of a negative test result in true negative cases. $LR- = (1 - \text{sensitivity}) / (\text{specificity})$
Positive Predictive Value - $(TP / (TP + FP))$
Negative Predictive Value - $(TN / (TN + FN))$
False Positive Rate - $(1 - \text{specificity})$
False Negative Rate - $(1 - \text{sensitivity})$

Bayes Theorem

Finds the actual probability of an event, based on test results. Can be reversed for measurement errors & can relate actual probability to measured test probability.

$$P(A|B) = \frac{P(B|A) \cdot P(A)}{P(B)}$$

	Condition		
	Positive	Negative	
Test Outcome Positive	True Positive	False Positive	Prevalence = true positive rate/overall positive
Test Outcome Negative	False Negative	True Negative	Negative Predictive Value = true negative test-outcome/negative
	Sensitivity $\frac{\text{True Positive}}{\text{True Positive} + \text{False Negative}}$	Specificity $\frac{\text{True Negative}}{\text{True Negative} + \text{False Positive}}$	Accuracy = true positive + true negative / total population

CLINICAL DATA STANDARDS

Data Standards (Data Sharing - HL7 v2, HL7 v3)
Transaction Standards - SOAP, CORB, DICOM, SCRIPT, CEN ISO/IEC 15973
Nomenclature, Vocabulary, Terminologies

SNOMED-CT - Comprehensive clinical terminology for EHRs and CDS info exchange. Components include concept codes, descriptions, relationships, reference sets.
LOINC - Medical terminology DB used to facilitate the coding and posting of results for clinical care, outcomes management, and research. Components include component, kind of property, time aspect, system/sample type, type of code, type of method.
ICD-9/10 CM - Medical classification codes to classify diseases and health events on vital records. See ICD-10 code heading below.
Other nomenclatures, vocabularies, terminologies - HCPs, CPT-4, CDT, ICD, F-HDRH, UMDHS, DRG
Ontologies (frameworks for representing knowledge) & **Taxonomies** (practice and science of classification)
UMLS - mapping structure to translate among terminologies
Interoperability Standards - FHIR (pt of HL7)

ALDSYNSEAS

Standard for representing and sharing clinical knowledge in Medical Logic Modeling (MLM)
 Rule = rules of logic for a clinical medical decision



S 9 3

Category

4 0 1

Biologic, anatomic site, severity, other vital details

A

Extension. A-later encounter, D-later event encountered, I-procedure

LEGAL/ECONOMICS/MANAGEMENT

HEALTH/ECONOMICS ASSESSMENT

Cost Effectiveness compares the costs and effects on outcomes for possible decisions
 = associated cost of health outcomes in health
Cost benefit compares differing costs assuming the same outcome is provided
 = discounted value of benefits/delayed value of costs
Cost Utility estimates the ratio between the cost of a medical activity and resulting benefit (usually in QALYs)
Cost Minimization compares cost per course of treatment when alternative therapies are equal in clinical effectiveness

REGULATIONS & LEGAL FRAMEWORK

HIPAA
Privacy Rule - privacy safeguards, limit disclosure of PHI
Security Rule - technical, administrative, & physical controls
De-identification methods: expert determination, safe harbor
ACA/PPACA - meant to increase affordability/accessibility/quality of health insurance
HITECH - enhanced meaningful use, ONC for HITE, HIT policy & standards committees, extend HIPAA privacy and security rules to business associates, breach notification rules, PHI disclosure accounting
Meaningful use: Stage 1 - Data capture and sharing; **Stage 2** - Advanced clinical processes; **Stage 3** - Improved Outcomes
Step 1 Goals Objectives - CPOE, drug-drug drug-allergy checks, up-to-date care, use of preventative diagnosis, generate patient eRx, maintain active medication list & allergy list, record demographics, record vital signs, change smoking status, clinical quality measure reporting to CMS, one CEO rule, patient access of record, clinical summaries for each office visit

GROUP DECISION MAKING

Delphi Method - Anonymous expert poll/questionnaire, narrows down the "right" answer using rounds of questionnaire responses/answers
Consensus - all group members find solution acceptable
Nominal Group Method - all individual members add their solution and explanation, do a pile for comparison. Duplicates are removed & each item is discussed by the group. Individuals rank the item & the group selects the highest ranking item

RESEARCH, QUALITY, & EBM

HEALTHCARE QUALITY (IOM)

Patient Safety
 Efficient care
 Effective care
 Patient-Centeredness
 Equity



EBM LEVELS OF EVIDENCE TRIANGLE

Phase	Goal	Participants	Comments
Phase I	Efficient, accurate, plus more human information gathering	Non-human participants	
II	Pharmacologic and physiologic outcomes information gathering	10 human participants	Information in laboratory setting or small clinical trials and only 10 trials
III	Drug sampling	20-100 human participants	Checks for major side effects, safety for human use, efficacy testing
IV	Drug use in office & community settings	100-1000 human participants	Assesses drug drug use, side effects, efficacy testing
V	Drug use in office & community settings	1000-10000 human participants	Assesses drug drug use, side effects, efficacy testing
VI	Drug use in office & community settings	Available for treatment of patients, physicians	Assesses drug drug use, side effects, efficacy testing

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Cinahl Information Systems Staff



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Cumulative Index to Nursing Literature Cinahl Information Systems Staff,1999 **American Book Publishing Record** ,1997 Medical Books and Serials in Print, 1979 R. R. Bowker LLC,1979-05 *Medical and Health Care Books and Serials in Print* ,1997

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