Appendix H.—Glossary of Acronyms and Terms

Glossary of Acronyms

AAPSRO — American Association of Professional Standards Review Organizations
ACR — American College of Radiology
AHPA — American Health Planning Association
AS&E — American Science & Engineering Co.
BHP — Bureau of Health Planning (HRA)
BMD — Bureau of Medical Devices (FDA)
BRH — Bureau of Radiological Health (FDA)
CBA — cost-benefit analysis
CEA — cost-effectiveness analysis
CFR — Code of Federal Regulations
CON — certificate of need
CT — computed tomography, computerized tomography
DHEW — Department of Health, Education, and Welfare
DHHS — Department of Health and Human Services (formerly DHEW)
DC — Division of Compliance (BRH)
DEP — Division of Electronic Products (BRH)
DOD — Department of Defense
DPA — Designated Planning Agency
DQA — Division of Quality Assurance (BRH)
DR — Division of Radiology (NIH)
DRR — Division of Research and Resources (NIH)
DSR — dynamic spatial reconstructor
FDA — Food and Drug Administration (PHS)
FR — Federal Register
GE — General Electric
HCFA — Health Care Financing Administration (DHHS)
HECT — head-equivalent computed tomography
HMO — health maintenance organization
HRA — Health Resources Administration (PHS)
HSA — health systems agency
HSPDA — State health planning and development agency
HSPDA — State health planning and development agency
IOM — Institute of Medicine (NAS)
MCE — Medical Care Evaluation (studies)
NAS — National Academy of Sciences
NCHCT — National Center for Health Care Technology (OASH)
NCHRS — National Center for Health Statistics (OASH)
NCHSR — National Center for Health Services Research (OASH)
NCI — National Cancer Institute (NIH)
NEMA — National Electrical Manufacturers Association
NHLBI — National Heart, Lung, and Blood Institute (NIH)
NHPD — National Health Practice Development (defunct)
OMAR — Office for Medical Applications of Research (NIH)
PETT — positron emission transaxial tomography
PHS — Public Health Service (DHHS)
PSRO — Professional Standards Review Organization
RSNA — Radiological Society of North America
SCBT — Society for Computed Body Tomography
NIH — National Institutes of Health
NINCDS — National Institute of Neurological and Communicative Disorders and Stroke
NMR — nuclear magnetic resonance
OASH — Office of the Assistant Secretary for Health (DHHS)
OHPA — Office of Health Practice Assessment (defunct)
OMAR — Office for Medical Applications of Research (NIH)
PETT — positron emission transaxial tomography
PHS — Public Health Service (DHHS)
PSRO — Professional Standards Review Organization
RSNA — Radiological Society of North America
SCBT — Society for Computed Body Tomography
SHPDA — State health planning and development agency
SUNY — State University of New York
USC — United States Code
VA — Veterans Administration

Glossary of Terms

Cost-benefit analysis (CBA): An analytical technique that compares the costs of a project or technological application to the resultant benefits, with both costs and benefits expressed by the same measure. This measure is nearly always monetary.

Cost-effectiveness analysis (CEA): An analytical technique that compares the costs of a project or of alternative projects to the resultant benefits, with cost and benefits effectiveness not expressed by the same measure. Costs are usually expressed in dollars but benefits effectiveness are (ordinarily expressed in terms such as “lives saved,” “disability avoided,” “quality adjusted life years saved (QALY),” or any other relevant objectives. Also, when benefits/effectiveness are difficult to express in a common metric, they may be presented as an “array.”

Device (medical): Any physical items, excluding drugs, used in medical care (including instruments, apparatus, machines, implants, and reagents).

Diffusion: The process by which a technology enters and becomes part of the health care system. It has two phases: adoption and use of the technology. Most studies of diffusion have only examined the adoption phase.
Effectiveness: Same as Efficacy (see below) except that it refers to "...average conditions of use."
Efficacy: The probability of benefit to individuals in a defined population from a medical technology applied for a given medical problem under ideal conditions of use.
Medical technology: The drugs, devices, and medical and surgical procedures used in medical care, and the organizational and support systems within which such care is provided.
Procedure: A medical technology involving any combination of drugs, devices, and provider skills and abilities. Appendectomy, for example, may involve at least drugs (for anesthesia), monitoring devices, surgical devices, and physicians', nurses', and support staffs' skilled actions.
Risk: A measure of the probability of an adverse or untoward outcome's occurring and the severity of the resultant harm to health of individuals in a defined population associated with use of a medical technology applied for a given medical problem under specified conditions of use.
Safety: A judgment of the acceptability of risk (see above) in a specified situation.