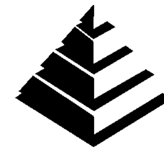
HEALTH REFORM TOOLS



PHR*plus*
Partners for Health Reform*plus*

A Glossary of Health Reform Terms for Translators

English ■ French ■ Spanish ■ Russian

July 2002

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Mission

Partners for Health Reformplus is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:

- ▲ *Implementation of appropriate health system reform.*
- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

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This is a select list of terms and translations is not intended to be used as a definitive source of translations or definitions. PHR*plus* recognizes that terms can be defined and translated many ways according to prevalent customs in different regions and within different health disciplines. This compilation, which has undergone peer review, is offered as a guide and should be recognized as a "working document." Your suggestions and comments are welcome. Please send them to:

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Access

Accès

Acceso

Доступность

The presence or absence of physical, economic, or cultural barriers that people might face in using health services. Physical barriers are usually interpreted to mean those related to the general supply and availability of health services and distance from health facilities. Economic barriers are usually interpreted to mean those related to the cost of seeking and obtaining health care, in relation to a patient's or household's income.[10] Cultural barriers relate to social or community perceptions about receiving or knowing about certain health services.

Accreditation

Accréditation

Acreditación

Аккредитация

A formal process by which a recognized body, usually a non-governmental organization (NGO), assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations.

Adverse Selection

Antisélection

Selección adversa

Неблагоприятный отбор

(1) Tendency of people more likely to incur health costs to seek health insurance. (The opposite is favorable selection.) (2) A situation in which patients with greater than average need for medical and hospital care enroll in a prepaid health care plan in greater numbers than they occur in a cross-section of the population. A plan enrolling only the Medicare population would suffer from adverse selection, as would one that somehow encouraged or allowed people to sign up when they were already ill.

Allocative Efficiency

Efficacité de la répartition

Eficiencia de asignación

Эффективность распределения ресурсов

The extent of optimality in distribution of resources among a number of competing uses.[8]

ALOS/LOS

Durée moyenne du séjour/Durée du séjour (DMS/DS)

Estadía promedio/Estadía

Средняя продолжительность пребывания в стационаре

Average length of stay. The total days of stay (during their entire hospitalizations) of all patients in a specified group or institution discharged during a given time period, divided by the number of patients discharged during that same time period.

Appropriation Budget

Crédits alloués

Presupuesto asignado

Выделенный бюджет

Type of budget commonly associated with government agencies and characterized by an authorized spending level for a specified period.

Average Cost

Coût moyen

Costo promedio

Средняя стоимость

Full costs divided by the volume or frequency of the cost object.

Basic Benefits Package

Prestations de base

Paquete básico de prestaciones

Базовый пакет медицинских услуг

(1) A core set of health benefits that everyone in a country should have through their employer, a government program, or a risk pool. (2) A defined set of health insurance benefits that all insurers are required to offer.[11]

Bed Day

Jour-lit

Día de cama

Койко-день

Days of inpatient care; one person in the hospital for one day is one bed day.

Benchmark

Seuil à atteindre

Punto de referencia

Точка сравнения

A goal or indicator to be attained. It is used to compare the current situation with the desired end. A benchmark may pertain to quality, prices, health care practice patterns, financial standing, and most other aspects of running an organization.

Benefits Package

Ensemble de prestations

Paquete de prestaciones

Пакет медицинских услуг

Services covered by a health insurance plan, government budget, or other funding source and the financial terms of such coverage, including cost sharing and limitations on amounts of services.[11]

Benefits

Prestations

Prestaciones

Льготы

(1) Gains, whether material or not, accruing to an individual or a community.[8] (2) The money, care, or other services to which an individual is entitled by virtue of insurance.

Break-even Point

Seuil de rentabilité

Punto de equilibrio

Точка безубыточности

The point at which total revenues equal total costs (fixed plus variable costs). The volume at which losses no longer occur and profit begins. Break-even analysis is the determination of the minimum volume or frequency necessary in order for a cost object to be financially self-supporting.

Break-even Time

Seuil de rentabilité dans le temps

Tiempo de equilibrio

Срок окупаемости

Capital budgeting method that measures the time it takes from the start of the project to when the cumulative present value of the cash inflows of a project equals the present value of the total cash outflows. The payback period is similar to break-even time except that it is calculated without net present values.

Budget

Budget

Presupuesto

Бюджет

(1) A detailed plan for the future showing how resources will be acquired and used during a specific time period, expressed in formal, measurable terms. (2) Periodic allocation of funds to (or on the behalf of) health facilities.

The total amount of the allocation is determined in advance (prospectively).

Burden of Disease

Charge de la maladie

Carga de la enfermedad

Бремя болезни

(1) An indicator that quantifies the loss of life from disease; measured in disability-adjusted life years.[8] (2) An indicator that quantifies the loss of healthy life from disease; measured in disability-adjusted life years.

Capital Budgeting

Préparation du budget d'équipement

Análisis de inversiones

Планирование средств на капитальные вложения

The process of planning expenditures on durable assets that last longer than one year.

Capitation Payment

Paiement à la capitation

Pago per-cápita

Подушевая оплата за медицинские услуги

(1) A payment made directly to a health care provider for individuals who have signed up with that provider to receive a particular package of services. The health care provider is both a fundholder and deliverer of services. Under full capitation of full fundholding, the provider assumes responsibility for paying all components of health care (inpatient and outpatient). Under partial capitation or partial fundholding, the provider assumes responsibility for paying for only selected services. (2) A method of payment in which a provider receives a fixed fee per person (per capita) for a period of time, and the provider agrees to furnish to persons for whom the capitation payments are received all the care that may be required (within contract limitations) without further fee. Capitation may, for example, pertain to virtually all medical and hospital services through a health care plan, or only to primary care services.

Case-based Payment

Paiement par cas (traité)

Pago por caso específico

Оплата за пролеченный случай

A fixed payment covering all services for a specified case or illness. Patient classification systems group patients according to diagnoses, major procedures performed, etc. (e.g., DRGs). Most frequently applied to inpatient services, although outpatient groupers are being developed.

Case Mix

Enveloppe des cas (traités)

Mezcla de casos

Совокупность или выборка стационарных больных/ распределение стационарных больных по полу, возрасту, диагнозу и/или другим показателям/ распределение стационарных больных по клинико-затратным группам КЗГ

(1) The mix of different types of patients (defined by severity of illness and complexity of diagnosis and/or treatment) treated in a health care organization. (2) The mix of cases (defined by age, sex, diagnosis, treatments, severity of illness, and so on) handled by a practitioner or hospital. Case mix is defined by: (a) grouping patients according to these factors; and then (b) determining the proportion of the total falling into each group. At present, the most popular group classification is the Diagnosis Related Group (DRG) system. Sometimes the term "case mix" is used, inaccurately, to mean the grouping system itself (DRG, for example).

Cash Budget
Budget de trésorerie
Presupuesto de caja
Бюджет денежных средств
A schedule showing cash flows (receipts, disbursements, and net cash) for an enterprise over a specified period of time.

Catastrophic Coverage
Couverture contre les risques catastrophiques
Cobertura para enfermedades catastróficas
Страхование от несчастного случая
This is insurance intended to pay only those costs that are very unusual in their magnitude.

Certification
Certification
Certificación
Сертификация/ аттестация/ аккредитация
A process by which an authorized governmental or non-governmental organization evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria. Although the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations. When applied to individual practitioners, certification usually implies that the individual has received additional education and training, and demonstrated competence in a specialty area beyond the minimum requirements set for licensing. An example of such a certification process is a physician who receives certification by a professional specialty board in the practice of obstetrics. When applied to an organization, or part of an organization, such as a laboratory, certification usually implies that the organization has additional services, technology, or capacity beyond those found in similar organizations.

Charge Master
Barème (des honoraires)
Guía de aranceles
Прейскурант медицинских услуг
A list of an organization's prices for each of its services.

Claim
Demande de remboursement
Solicitud de reembolso
Счет на оплату медицинских услуг (страховой организацией)
A claim for an insurer to pay for medical services used by a beneficiary. The claim may be made by the beneficiary or by the health care provider.

Classification Coding
Encodage par classification
Codificación clasificadora
Классификационное кодирование
Coding in which each "code" (number) represents a class (rubric or category) rather than an individual term. This is the method presently used by hospitals for coding diagnoses and procedures. This coding is done for the indexing of medical records for retrieval and research, and in the submission of case abstracts for billing. Each diagnosis and procedure is given the code for the group (class) of diagnoses or procedures to which it belongs, rather than a unique code that represents the diagnosis or procedure itself.

Except for "single-diagnosis classes," the case (or diagnosis) cannot be retrieved precisely because decoding retrieves the label of the class or group rather than the specific diagnosis or procedure that was coded. For example, a

specific condition such as AIDS (acquired immune deficiency syndrome), which has no class or pigeonhole of its own, is placed in a "waste-basket" of "other immune deficiency disorders"; such a system makes it impossible to determine the exact number of AIDS cases or to retrieve them alone; all cases of "other immune deficiency disorders" are counted and retrieved together.

In the coding system now in use in the United States, which is a classification coding system (ICD-9-CM), some 40,000 diagnoses are forced into 11,000 groups or classes; further detail is lost when these classes, in turn, go into the 468 DRGs.

Clinical Database

Base de données cliniques

Base de datos clínica

Клиническая база данных

The array of information (data set) that a physician collects on a patient in order to make a diagnosis and to be able to detect changes in the patient's condition during treatment and as the disease and the healing progress.

Clinical Practice Guidelines

Directives de pratique clinique

Directrices de prácticas clínicas

Руководство по клинической практике

Codified approaches to medical care. Guidelines may be used for both diagnostic and therapeutic modalities, and they may be used to guide physicians in the care of patients with defined diseases or symptoms or as surveillance tools to monitor practice on a retrospective basis.

Coinsurance

Co-assurance

Seguro copartícipe

Сострахование (выплата застрахованным части страхового тарифа)

The portion of covered health care costs for which the covered person has a financial responsibility, usually a fixed percentage. Coinsurance usually applies after the insured meets his/her deductible.

Community-based Health Insurance (CBHI)

Mutuelle de santé

Seguro de salud comunitario

Взаимное страхование на уровне общины

A non-profit type of health coverage for the informal sector, formed on the basis of an ethic of mutual aid and the collective pooling of health risks, in which members participate in the management of the scheme. It is important to note that the management of schemes currently operating in the East and Southern Africa region does not always include scheme members, representing a crucial difference from schemes in West and Central Africa.

Community Financing

Financement communautaire

Financiamiento comunitario

Финансирование медицинской помощи за счет средств семей и/или общины

Direct financing or co-financing of health care by households in villages or communities, either by payment on receipt of care or by prepayment.[8]

Continuing Medical Education (CME)

Éducation médicale continue

Educación médica permanente

Непрерывное медицинское образование (система повышения квалификации и переподготовки медицинских работников)

The education of practicing physicians, through refresher courses, medical journals and texts, attendance at regularly scheduled teaching

programs, and so forth. CME programs are provided by medical schools, professional organizations, and hospitals. The necessity of continuing education in these days of rapid scientific advances is well accepted by the medical profession. In some U.S. states, CME is required for continued licensure.

Continuous Quality Improvement (CQI)

Amélioration continue de la qualité
Mejoramiento permanente de la calidad
Система непрерывного контроля качества
An approach to improving and maintaining quality that emphasizes internally driven and relatively constant (as contrasted with intermittent) assessments of potential causes of quality defects, followed by action aimed either at avoiding decrease in quality or else correcting it in an early stage.

Contracting Out

Sous-traitance
Subcontratación
Подряд/ приобретение товаров или услуг «на стороне»
The practice of the public sector or private firms of employing and financing an outside agent to perform some specific task rather than managing it themselves.

Contribution Margin

Marge de participation
Margen de contribución
Маржа по вкладам (вклад выручки от реализации услуг в возмещение постоянных затрат)
The contribution margin represents the difference between the rate or fee charged for a cost object and the variable costs required for providing that cost object. This residual amount, the difference, "contributes" toward covering the fixed costs. This term is often used in break-even analysis. Break-even point formula is (Fixed Costs/(price - variable costs)).

Controllable Costs

Coûts pouvant être maîtrisés
Costos controlables
Контролируемые затраты
Those costs that are reasonably under the control of the manager in question. It is often useful to identify which costs are controllable by a given manager and which ones are not. Controllability is a measure of influence over the use or consumption of costs (resources).

Coordination of Benefits (COB)

La coordination du paiement des prestations
Coordinación de pago de prestaciones
Координация ответственности по оплате услуг медицинского страхования (во избежание двойной оплаты)
(1) An insurance claims review process used when a beneficiary is insured by two or more carriers. The process determines the liability of each carrier in order to eliminate duplication of payments. For example, benefits to which an individual is entitled under workers' compensation cannot be duplicated by ordinary health insurance, even though the injury or illness would be covered were the problem not work-related. (2) Action taken by an insurer to ensure that a provider or beneficiary is not paid twice for the same claim.

Copayment

Co-paiement
Copago
Соoплата
A cost-sharing arrangement in which an insured person pays a specified charge for a specified service, such as $10 for an office visit. It is also an out-of-pocket charge paid by an insured individual. The insured is usually responsible

for payment at the time the service is rendered. This charge may be in addition to certain coinsurance and deductible payments.

Costs
Coûts
Costos
Затраты
What has to be given up to achieve an objective: either the value of the benefits that are foregone in order to achieve that objective (the economic definition), or the total money expenditure required to achieve it (the accounting definition).[8]

Cost Accounting
Comptabilité des coûts
Contabilidad de costos
Учет затрат
Any coherent system designed to gather and report cost information to the management of an organization.

Cost Allocation Base
Base d'allocation des coûts
Criterios para asignación de costos
Критерии распределения затрат
Factor (e.g., square meters, full-time equivalents) that is the common denominator for systematically apportioning a cost or group of costs to several cost objects such as department, activity, or procedure.

Cost-benefit Analysis
Analyse coûts-avantages
Análisis costo-beneficio
Анализ затрат и результатов
(1) A method of comparing the actual and potential costs (both private and social) of various alternative schemes with the actual and potential benefits (private and social), usually measured in monetary terms and present values, with a view to determining which one maximizes the benefits.[8]

Cost Center
Centre de responsabilité pour les coûts
Centro de costos/Centro de producción
Центр отнесения затрат/ центр ответственности за затраты
An organizational unit in which accounts are maintained containing direct costs for which the head of the center is accountable.

Cost-containment/Reduction
Maîtrise des coûts/Réduction des coûts
Control/Reducción de costos
Сдерживание/Сокращение затрат
Control of medical care expenditures. A variety of methods can be used, such as regulating prices, limiting budgets, capping cost growth rates, utilization management, improving efficiency, etc.

Cost-effective
D'un bon rapport coût-efficacité
Eficaz en función de los costos
Затратно-эффективный; Эффективный по затратам
Effective or productive in relation to cost.[8]

Cost-effectiveness
Coût-efficacité
Eficacia en función de los costos/costo-eficiencia
Затратная эффективность
Effect produced per unit of cost.[5]

Cost-effectiveness Analysis
Analyse (du) coût-efficacité
Análisis de eficacia en función de los costos
Анализ затратной эффективности
A method of comparing alternative courses of action in order to determine the relative degree

to which they will achieve the desired objectives per unit of cost. The costs are expressed in monetary terms but some of the consequences are expressed in physical units, e.g., number of lives saved or cases of disease detected.[8]

Cost Finding
Recherche des coûts
Determinación de costos
Оценка затрат
A process that finds the costs of unit of service, such as laboratory tests, x-ray, or routine patient days, based on an allocation of nonrevenue cost center costs to revenue centers.

Cost Management
Gestion des coûts
Gestión de costos
Управление затратами
The performance by managers and others in monitoring and controlling the cost implications of the strategies they are following.

Cost Object
Objet du coût
Objeto de la determinación de costos
Объект оценки затрат
The item for which the user is trying to establish a cost. This could be procedures, activities, services, or other items that use or consume resources and are a target of the costing effort. The term "cost object" is a more generic term and holds a greater applicability across the many types of departments. For example, one department might want to cost a given clinical procedure, while another department might want to cost an activity. Both are cost objects.

Cost of Capital
Coût du capital
Costo de capital
Цена капитала
The cost to the organization of the money used for acquiring capital. It is often represented by the interest rate that the organization pays on borrowed money.

Cost Recovery
Recouvrement des coûts
Recuperación de costos
Возмещение затрат
Receipt, by a health provider, of income from individuals or the community in exchange for health services.[8]

Cost Sharing
Partage des coûts
Participación en los costos
Разделение затрат (например между несколькими плательщиками)
Usually refers to a method of financing where the costs are divided among multiple payers, e.g., user and employer, government, donor, taxpayer, insurance agency, etc.

Covered Services/Benefits Package
Services couverts/Ensemble de prestations
Servicios cubiertos/Paquete de prestaciones
Виды медицинской помощи, охваченные страхованием/Страховой пакет
The types of medical care for which the insurer will pay all or part of the cost. An "exclusion" refers to care that is not a covered benefit.

Decentralization
Décentralisation
Descentralización
Децентрализация
A process of transferring responsibility, authority, control, and accountability for specific or broad management functions to lower levels within a organization, system, or program.

Deductible

Franchise

Deducible

Франшиза

A fixed sum, specified in an insurance policy, that is deducted from any claim made under that policy (and that is therefore paid by the beneficiary of the policy), the remainder of the claim, or a portion thereof, being paid by the insurer.[14]

Demand

Demande

Demanda

Спрос

The desire, ability, and willingness of an individual to purchase a good or service. Demand for health care is influenced by prices, education, quality of care, distance from facilities, income level, and religious and cultural factors.

Demand for Health Services

Demande de services de santé

Demanda por servicios de salud

Спрос на медицинские услуги

The amount of health care services chosen by individuals. The amount of services chosen depends on characteristics of the individuals, such as income, age, sex, and health status, and characteristics of the provider, such as quality, price, and distance.

Diagnosis Related Group (DRG)

Groupe homogène de diagnostic

Grupo relacionado por diagnóstico (GRD)

Клинико-затратная группа (КЗГ)

(1) A group of cases arranged according to their diagnosis, determined using the International Classification of Diseases. Note: The purpose of grouping is to assist in the comparison of costs or in calculating the price to be charged for each case conforming to a particular pattern or grouping. (2) A hospital patient classification system developed under federal grants at Yale University. The current payment system for Medicare is based on the U.S. federal government's setting a predetermined price for the "package of care" in the hospital (exclusive of the physician's fees) for each DRG. If the hospital can provide the care for less than the price, it can keep the "profit." If the care costs the hospital more than the price, the hospital has to absorb the loss. Originally, each DRG was intended to contain patients who were roughly the same kind of patients in a medical sense and who spent roughly the same length of time in the hospital. The groupings were subsequently redefined so that, in addition to medical similarity, resource consumption (ancillary services as well as bed days) was roughly the same within a given group. There are now 468 groups identified on the basis of the following criteria: the principal diagnosis (the final diagnosis determined to be chiefly responsible for the hospitalization); whether or not an operating room procedure was performed; the patient's age; comorbidity; and complications.

Direct Costs

Coûts directs

Costos directos

Прямые затраты

Costs clearly and directly associated, traced, or identified to a cost object. Generally, direct costs are the labor resources, medical supplies, equipment costs, and other expenses directly used to produce or deliver a cost object. Examples include nursing time with a patient, medicines, and specific equipment.

Disability Adjusted Life Year (DALY)

Année de vie corrigée du facteur d'invalidité (AVCI)

Año de vida ajustado en función de la discapacidad (AVAD)

Год жизни, учтенный с поправкой на утраченную работоспособность

A unit used for measuring both the global burden of disease and the effectiveness of health interventions, as indicated by reductions in the disease burden. It is calculated as the present value of the future years of disability-free life that are lost as a result of the premature deaths or cases of disability occurring in a particular year.[8]

Economic Analysis/Evaluation

Analyse économique/Evaluation économique

Análisis/Evaluación económica

Экономический Анализ/Оценка

In the health sector, process whereby costs of programs, alternatives, or options are compared with their consequences in terms of improved health or savings in resources.[8]

Effectiveness

Efficacité

Eficacia

Целевая эффективность

The degree or extent to which an activity achieves its objectives.

Efficiency, economic

Efficience économique

Eficiencia económica

Экономическая эффективность

For a given output, the minimum cost for which it can be provided.

Efficiency, technical

Efficience technique

Eficiencia técnica

Техническая эффективность

For a given set of inputs (labor and capital), the maximum output that can be achieved. For a given output, the minimum set of inputs that can be used. This concept is measured in physical material units.

Equity

Equité

Equidad

Справедливость/ равенство

Not necessarily the same as equality, equity relates in general to ethical judgments about the fairness of income and wealth distribution, cost and benefit distributions, accessibility of health services, exposure to health-threatening hazards, and so forth.[8] Several measures are used depending on preferences of the community.

Essential Drugs

Médicaments essentiels

Fármacos básicos

Жизненно важные лекарственные средства

Those therapeutic substances that are indispensable for the rational care of the vast majority of diseases in a given population. A model list of such drugs, including about 250 substances, has been drawn up and is kept under review by a WHO expert committee. It furnishes a basis for countries to establish their own lists in the light of their own priorities and special circumstances. Experience has shown that about 30 to 40 drugs are sufficient for primary health care in many countries, the rest being required for secondary and tertiary health care. Such lists do not mean that no other drugs are useful, but simply that in a given situation those drugs are the most needed for the health

care of the majority, and should, therefore, be available at all times in adequate amounts and in the proper dosage forms.

Evidence-based medicine

La médecine fondée sur les preuves

Medicina basada en la evidencia

Доказательная (эмпирическая) медицина

Evidence-based medicine describes the systematic and rigorous use of methods that have already been tried and tested when treating individual patients. It is used to describe the integration of individual clinical experiences and the results of clinical research into everyday medical practice.[7]

Expenses

Dépenses

Gastos

Расходы

Costs that have been used or consumed in carrying on some activity.

Fee-for-Service

Paiement à l'acte

Reembolso por atención prestada

Оплата за услугу (по гонорарному принципу)

(1) Reimbursement of providers on a service-by-service basis rather than on a salaried, per-case, or capitated basis.[6] A retrospective payment method where the units of services may be combined as visit packages (e.g., medicines, follow-up visits, tests, etc.). (2) A method of paying physicians (and other health care providers) in which each "service," for example, a doctor's office visit or operation, carries a fee. The physician's income under this system is made up from the fees he/she collects for services. Alternative methods of income for physicians are: (a) a salary, as from an HMO (health maintenance organization); and (b) a "capitation" payment system, in which the physician is paid a predetermined amount for each patient for which he/she assumes responsibility for a given period of time (rather than each service rendered). The capitation method can, of course, be applied via some type of health care organization, for example, an HMO, in which case the capitation payment is made to the HMO, with the physician paid in the manner decided by the HMO.

Financial Accounting

Comptabilité financière

Contabilidad general

Финансовый учет

Focuses on standard accounting techniques and how they are used to report to external decision makers (e.g., government). Methods follow legal and generally accepted accounting principles.

Fixed Budgeting

Budgétisation fixe

Presupuesto no ajustable

Фиксированный бюджет (финансирование в заранее установленных пределах)

A budget that is not adjusted or altered after it is drawn up, regardless of changes in volume, cost drivers, or other conditions during the budget period.

Fixed Costs

Coûts fixes

Costos fijos

Постоянные затраты

Those costs that do not vary with fluctuations in volume, frequency, or activity. The depreciation cost or fixed monthly rent of a building that houses varying volumes of patients does not change as the volume or frequency of patient visits fluctuates.

Flexible Budget

Budget souple

Presupuesto flexible

Гибкий бюджет

Budget that takes into account the fact that certain costs vary with the level of activity or volume and other costs remain fixed over a relevant range of activity. Flexible budgets anticipate the possibility of change and show planned revenues and planned expenses at various levels of volume.

Fully Absorbed Costs

Coûts amortis

Costos aplicados integralmente

Полные затраты

Includes all costs direct and indirect and allocated overhead. A cost object that is fully costed is said to be one that has had all of these costs identified, attributed, or allocated to that cost object.

Funder

Source de financement

Financista

Плательщик; Финансирующая сторона

The entity responsible for funding health and disability support services, e.g., government, private or public insurance, provider, etc.

Fund/Fundholder

Fonds/Détenteur de fonds

Fondo/Administrador de fondos

Фонд/Фондодержатель

The institution responsible for accumulating and spending the (prepaid) contributions for insurance. Funds are usually third party payers (public or private) but can also be providers. In the latter case, some functions of insurer and provider are integrated in a single institution.

Gatekeeper

Portier

Coordinador de atención primaria

"Привратник" (медицинское учреждение, распределяющее лечебно-диагностический процесс и потоки больных по уровням оказания помощи и типам лечебно-профилактических учреждений (ЛПУ))

(1) A primary care provider, e.g., family physician, general practitioner, or nurse practitioner, who is responsible for coordinating some or all non-emergency treatment provided for individuals enrolled in some kind of health insurance plan (public or private). Not all health insurance programs require this feature. (2) The former term for patient care manager, an individual who comes between the patient and secondary (specialist) care. This is one role of a primary care physician. Some health care systems, such as in Great Britain, prohibit the patient from making the initial contact with the specialist; without a referral from the general practitioner (that is, the gatekeeper or patient care manager), the specialist may not see the patient.

General Practitioner (GP)

Généraliste

Médico general

Врач общей практики

A physician whose tasks are to provide people with comprehensive health care from the beginning of life to death and to advise them on all aspects of health, irrespective of age, sex, ethnic group, or religious beliefs. Note: The general practitioner's task begins with prevention and extends right up to rehabilitation, taking into account special knowledge of the patient's family, professional, and social circumstances. The general practitioner works in close proximity with the patient; is the first doctor to be consulted; has an

overall knowledge of the patient, his/her environment, and circumstances and thus remains the family doctor.

General Practitioner Fundholding

Détention de fonds par les médecins généralistes

Administración de fondos para los médicos generales

Фондодержательство на уровне ПМСП

Giving to a group of general practitioners the financial and managerial responsibility for paying for a defined range of medical or other services for the patients under their care. This allows the GP to pay others (hospitals, etc.) or to employ staff to do the work.

Global Budget

Budget global

Presupuesto global

Глобальный бюджет

A prospective payment method where the unit of service is either an administrative entity or health facility. Total payment is fixed in advance to cover a specified period of time. Some end-of-year adjustments may be allowed.

Health Care Provider

Prestataire de soins (de santé)

Proveedor de atención (de salud)/ establecimiento asistencial (de salud)

Поставщик медицинской помощи (ЛПУ)

An individual or institution that provides medical services (e.g., a physician, hospital, laboratory). This term should not be confused with an insurance company which "provides" insurance.[11]

Health Economics

Economie de la santé

Economía de la salud

Экономика здравоохранения

The application of economic theory to phenomena and problems associated with health and health services. Topics include the meaning and measurement of health status, the production of health and health services, the demand for health and demand for health services, cost-effectiveness and cost-benefit analysis in the health field, health insurance, the analysis of markets for health services, financing of health services, disease costing, option appraisal in health services, planning of human resources, the economics of medical supply industries, the determinants of inequalities in health and health care utilization, hospital economics, health care budgeting, territorial resource allocation, and methods of remuneration of medical personnel.[8]

Health Financing

Financement de la santé

Financiamiento de la salud

Финансирование здравоохранения

The system of fund generation, fund expenditures, and flow of funds used to support the health care delivery system.

Health Insurance

Assurance-maladie

Seguro médico

Страхование здоровья/медицинское страхование

The purpose of health insurance is to provide an individual with financial coverage against the risk of illness. Those insured pay a premium or contribution to the insurance company, which offers a range of benefits depending on the type of health coverage being provided.[7]

Health Maintenance Organization (HMO)

Réseau de soins coordonnés (RSC)

Organización de mantenimiento de la salud

Организация поддержания здоровья (ОПЗ)

(1) A prepaid, organized health care service delivery arrangement in which beneficiaries receive services through a system of affiliated hospitals, clinics, physicians, etc. Comprehensive benefits are financed by prepaid premiums and limited copayments.[6] Services rendered are carefully managed to control what services a patient receives. (2) A health care providing organization that ordinarily has a closed group of physicians (and sometimes other health care professionals) along with either its own hospital or allocated beds in one or more hospitals. Patients "join" an HMO, which agrees to provide "all" the medical and hospital care they need, under a contract stipulating the limits of the service, for a fixed, predetermined fee.

Health Status

État de santé
Estado de salud
Состояние здоровья
The state of health of an individual, group, or population. Numerous internationally accepted measures (e.g., mortality rates) can be used.

Incentives

Incitations
Incentivos
Стимулы
(1) Factors that motivate a person or group to behave in a certain way. (2) Rewards for desired behavior. Now used regarding rewards for decreasing hospital and physician costs, and for encouraging patients to be frugal in demands for health care. Sometimes incentives are negative, for example, when a patient is required to pay the first dollars for a service (deductibles). This is a "disincentive" to seek the care, and thus an incentive to be frugal.

Indemnity Benefits

Prestations sous forme d'indemnités
Prestaciones de indemnizaciones
Страховое возмещение (на наиболее либеральных для застрахованного условиях)
Insurance benefits that are relatively liberal in terms of reimbursement, choice of physicians and hospitals, as well as extent and cost of care. Coverage is usually limited to a percentage of the billed amount.

Indirect Costs

Coûts indirects
Costos indirectos
Косвенные затраты
Those costs that cannot be directly traced, identified, linked, or associated with a cost object in an economically feasible way. Some statistical method of tracing the cost to the cost object is required. Indirect costs typically include office supplies and most management costs that are not specifically linked to hands-on patient or direct activity, administrative time, general overhead, etc.

Input

Intrant
Insumo
Ресурс
Goods, services, personnel, and other resources provided for an activity with the purpose of producing output and achieving the activity's objective.[8]

Internal Control

Contrôle interne
Control interno
Внутренний контроль
The plan of organization of all the coordinated methods and measures adopted within a business to safeguard its assets, check the

accuracy and reliability of its accounting data, and promote operating efficiency.

Licensing
Agrément
Acreditación
Лицензирование
A process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensing to individuals is usually granted after some form of examination or proof of education and may be renewed periodically through payment of a fee and/or proof of continuing education or professional competence. Organizational licensure is granted following an on-site inspection to determine if minimum health and safety standards have been met.

Line Item Budget
Budget par poste
Presupuesto por partidas
Постатейный бюджет
A resource allocation method based on expenditure categories, usually calculated on an annual basis. Examples of resource categories include salaries, medicines, equipment, food, overhead, and administration.

Living Standards Measurement Survey (LSMS)
Etude sur la mesure des niveaux de vie
Encuesta de niveles de vida (ENV)
Обследование/ оценка уровня жизни
World Bank extensive household survey to collect data to be used for developing new methods to monitor progress in raising levels of living, to identify the consequences for households of past and proposed government policies, and to improve communications between survey statisticians, analysts, and policymakers.[4]

Managed Care
Soins coordonnés
Atención controlada
«Управляемая медицинская помощь»
(1) Generally refers to personal health care that is financed through fixed annual payments per person and is subject to utilization management and review. The fact that providers can expect fixed amounts for their services acts as an incentive for containing costs and improving efficiency in delivering care. (2) The system of purchasing services where providers are given responsibility for ensuring that a defined population receives a defined set of services in a coordinated way.[5]

Managed Competition
Concurrence gérée
Competencia controlada
Регулируемая конкуренция
Government regulation of a health market that uses competition as the means to promote efficiency. The system that is being developed in Great Britain uses competition between providers; that which is proposed under the Dekker reforms in the Netherlands uses competition between purchasers as well. Both types of system use contracts for clinical services, the providers of which are in competition, with price, quality, and volume of services being taken into account. The regulatory framework within which the competition operates in such systems is controlled by the government. It is designed to achieve a number of policy objectives apart from improved efficiency. These include control on patterns of service provision, greater accountability of local managers, cost containment, political support for redeployment

of and closure of surplus facilities, control of powerful professional groups, and greater equity in service access.

Management Accounting

Comptabilité de gestion
Contabilidad de gestión
Управленческий учет
Focuses on internal use of information within the enterprise and is the process of identification, measurement, accumulation, analysis, preparation, interpretation, and communication of information that assists executives in fulfilling organizational goals.

Management Control System

Système de contrôle de gestion
Sistema de control de la gestión
Система управленческого контроля
A means of gathering data to aid and coordinate the process of making decisions throughout the organization.

Means Testing

Contrôle (du niveau) des ressources
Comprobación de recursos económicos
Оценка личных или семейных доходов
An administrative mechanism that identifies an individual's income for purposes of establishing eligibility for benefits or services, such as health care, at no charge or reduced charge. By identifying individuals who are unable to pay and granting fee waivers (or reductions) to them, this mechanism is one of the principal approaches that can be used to protect the poorest under health sector cost recovery programs.[9]

Medically Necessary Care

Soins médicalement nécessaires
Atención médica necesaria
Медицински необходимая (показанная) помощь
Treatment certified by a doctor as needed for the beneficiary's health and well-being. Insurers often reserve the right to determine whether the care a beneficiary claims insurance payment for is medically necessary.

Moral Hazard

Risque moral
Riesgo moral
Субъективный риск (экономически безответственное поведение потребителя медицинской помощи)
(1) The situation in which persons who acquire insurance change their behavior because they no longer bear the full cost of that behavior. (2) Impact on an individual's demand for care of an out-of-pocket payment that is less than the cost of providing services. Because insurance (including centrally tax-funded services) covers some or all of the costs of service use, individuals tend to use more services than if they faced the full cost of care.

Morbidity

Morbidité
Morbilidad
Заболеваемость
(1) A measure of disease incidence or prevalence in a given population, location, or other grouping of interest.[11] (2) Illness, injury, or other than normal health. Often used in describing a rate (statistical term). One type of hospital morbidity rate, for example, is the postoperative infection rate, meaning the number of patients with infections following surgery, expressed as a proportion of those undergoing surgery.

Mortality
Mortalité
Mortalidad
Смертность
(1) A measure of deaths in a given population, location, or other grouping of interest.[11] (2) A term that pertains to death. Usually used in the phrase “mortality rate,” which means the number of patients who died expressed as a proportion of those at risk; for example, a mortality rate of 1 percent for appendectomy would mean one death per 100 patients undergoing that operation. Mortality rates for more rare events are often given as per 10,000 or per 100,000.

Mutual Health Organization (MHO)
Mutuelle de santé
Seguro de salud comunitario
Организация страхования здоровья (во франкоговорящих странах)
See Community-based Health Insurance (CBHI). MHOs are found primarily in West Africa.

National Health Accounts (NHA)
Comptes nationaux de santé (CNS)
Cuentas Nacionales de Salud (CNS)
Национальные счета здравоохранения
NHA is a tool for gathering national health financing and expenditure data about public and private health services. NHA maps the way in which financial resources for the health care are generated and spent, tracks expenditure flows, and links the sources of funds to service providers and their end users. This methodology provides information for decision-making about allocation of resources in the health sector reforms. Further, NHA offers a standard framework for comparing the size and structure of health care systems.[1]

National Health Expenditures
Dépenses nationales de santé
Gasto nacional en salud
Расходы страны на здравоохранение
Total spending on health services, prescription and over-the-counter drugs and products, nursing home care, insurance costs, public health spending, and health research and construction.[11]

Net Present Value (NPV)
Valeur actuelle nette (VAN)
Valor neto actual (VNA)
Чистая стоимость в оценке настоящего времени
The present or current value of a series of receipts less the present or current value of a series of payments made over time.

Non-controllable Costs
Coûts non maîtrisables
Costos no controlables
Неподконтрольные расходы
Those costs that cannot be controlled by a manager. Generally, as an individual moves upward in a health care organization’s management structure, costs become more controllable by that individual. As one moves downward in the structure, more and more of the entity’s total costs become non-controllable to the individual. Department managers generally have control over their direct costs and little, if any, control over the overhead that has been allocated to their area.

Official Development Assistance (ODA)
Aide officielle au développement (AOD)
Asistencia oficial para el desarrollo (AOD)
Официальная помощь развитию страны (по двухсторонним международным или неправительственным соглашениям)

Concessional financing, including grants, provided for external development by governments, either bilaterally or multilaterally.[8]

Opportunity Cost

Coût d'opportunité

Costo de oportunidad

Упущенная выгода/«альтернативные издержки»

The cost or rate of return of the best alternative investment that is available.

Out-of-pocket Maximum

Maximum à la charge du patient

Máximo desembolso en efectivo

Предел оплаты медицинских услуг пациентом

The maximum amount of money that a beneficiary must pay in cost sharing per time period. Once that amount is reached, the insurer pays 100 percent of additional charges.

Outcome Standards

Normes de résultats

Estándares de resultados

Стандарты клинического исхода

Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury, or dysfunction, or prevalence of risk factors.[11]

Output

Production

Resultado/egreso

Объем/выпуск

1) The product(s) that an activity is expected to produce from its inputs in order to achieve its objectives; 2) the quantity of goods or services produced in a given time period.[8]

Overhead Costs

Frais généraux

Gastos generales

Накладные расходы

Indirect costs that are not easily associated with individual patients, procedures, activities, or services and, by their very nature, cannot be specifically identified to a given output. Overhead costs are costs that frequently require some form of aggregated allocation to cost objects. Typical examples of overhead departments include areas such as accounting, human resources, administration, security, and facility/building maintenance.

Pareto Rule

Loi de Pareto

Regla de Pareto

Правило Парето

(1) Also known as the 80/20 rule. This is a rule of thumb indicating that 80 percent of resources are utilized in activities that produce only 20 percent of the procedures or output. Employing the 80/20 rule focuses the costing effort on those areas that have the highest impact on resource use. (2) A principle that states that in any series of steps in a process, such as the diagnosis of a patient’s problem, there are a “vital few” steps and a “trivial many.” This principle makes feasible productive efforts at quality improvement since, through a “Pareto analysis,” the vital few steps where efforts pay off can be identified, and action taken. It also is the key to optimizing the care possible under a condition of limited resources. The principle was developed by J.M. Juran, an authority on quality, and named after an Italian economist named Pareto.

Payback Method

Méthode de récupération de l'investissement

Método de análisis de recuperación de una amortización

Метод анализа окупаемости инвестиций

This is a form of break-even analysis. Capital budgeting method that measures the time it will take to recoup, in the form of cash inflow from operations, the total dollars invested in a project.

Payer

Payeur

Pagador

Плательщик

(1) Any entity that pays for health care services. It is usually an insurer or government agency, but it can be one provider paying another or a self-insured employer paying providers. See also fundholder. (2) An organization or person who furnishes the money to pay for the provision of health care services. A payer may be the government (for example, Medicare), a nonprofit organization (such as Blue Cross and Blue Shield), commercial insurance, or some other entity. In common usage, payer most often means third party payer.

Per Capita Payment

Paiement par personne

Pago per cápita

Оплата на душу на селения

A prospective payment method where the unit of service is the individual. A specific amount is paid per enrollee in an insurance plan or per person for a population target group to cover the costs of a defined package of services for a specified period of time.

Per Diem Payment

Paiement par journée d'hospitalisation

Pago diario

Оплата за день госпитализации

An aggregate payment covering all expenses incurred during one inpatient day.

Performance Report

Comptes rendus sur les performances

Informes de desempeño

Отчет о показателях деятельности (финансовых, технико-экономических)

Reports that measure activities. These reports usually consist of comparisons of budgets with actual results and link them with volume and other productivity indicators.

Policy Holder

Assure

Asegurado

Застрахованный/Держатель страхового полиса

An individual who pays a premium to an insurance company in exchange for the insurance protection provided by an insurance policy.

Portability

Transférabilité

Transferibilidad

Переносимость/Право перевода или сохранения страховки при переходе на новое место работы или переезд на новое место жительства

An arrangement under which an enrollee may change from one insurer to another without any delay in the beginning of coverage. This provision comes into operation when someone changes jobs or moves to a new location where the previous insurance coverage is no longer available.

Pre-paid Health Plan

Plan de santé à remboursement anticipé

Plan de salud prepagado

Оплата медицинской помощи на заранее

согласованных условиях
Contract between a health unit (or group of units) and a person (or group of persons) that entitles the person(s) to receive certain types of health services for a fixed price paid in advance. The contract may or may not include additional payments that vary with the services provided to the persons enrolled in the plan.

Premium

Prime
Prima/cotización
Страховой взнос
(1) Amount of money paid to insurers on a regular basis in return for coverage (membership in an insurance plan). Premium rates for health insurance may be based on average costs of claims of the covered population or vary by socio-demographic characteristics such as age, sex, and occupational activity. (2) An amount paid for an insurance policy for a given period of time.

Prepayment

Remboursement anticipé
Prepago
Предоплата
(1) Payment made in advance giving a guarantee of eligibility to receive a service when needed at reduced or zero additional cost at time of use (e.g., insurance premiums, membership dues, crop share contributions).[14] (2) Payment in advance. A fee is paid a third party payer, such as a health maintenance organization (HMO), or commercial insurance, and the third party agrees to pay for stipulated care when it is provided.

Present Value

Valeur actuelle
Valor actual
Стоимость в оценке настоящего времени
The value today of a future payment, or stream of payments, discounted at the appropriate discount rate.

Preventive Services

Services préventifs
Servicios preventivos
Профилактические услуги
Services intended to prevent the occurrence of a disease or its consequences.[11]

Primary Health Care

Soins primaires (de santé)
Atención primaria (de salud)
Первичная медицинская (лечебно-профилактическая; медико-санитарная) помощь
Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary Care

Soins primaires
Atención primaria
Первичная помощь
See Primary Health Care. Primary Care is a term more commonly used to refer to the actual

treatment at the first level by a primary health care physician.

Privatization
Privatisation
Privatización
Приватизация
The process of introducing private financing and/or ownership into government entities. This could include policy and legal frameworks, as well as implementation of some aspect of private health care service delivery.

Profit/Revenue Earning Center
Centre de coût/de revenu
Centro de utilidades
Центр ответственности за затраты
Responsibility center in which a manager is accountable for revenues and costs. Also see Cost Center.

Prospective Payment
Paiement prospectif
Pago prospectivo/pago anticipado
Предварительная оплата
(1) Refers to when the payment rate for a package of health care services is negotiated and agreed upon before the treatment takes place. Prospectively set payment rates increase incentives for efficiency because the health provider faces higher financial risk. Examples include case-based payment and per capita-based payment when the rates are set in advance of services actually being rendered. (2) That element of a payment scheme whose level is fixed in advance of actually providing a service. (3) A term that actually means "prospective pricing system." See also retrospective payment.

Protocol
Protocole
Protocolo
Протокол
(1) Rules agreed in advance that are to be followed in decision making unless an exception is sought.[5] (2) Plans of treatment or case management.

Provider Payment Mechanisms
Mécanismes de paiement des prestataires
Mecanismos de pago a proveedores
Механизмы финансирования ЛПУ
Provider payment is the way in which money is distributed from a source of funds, such as the government, insurance company, or other fundholder, to a health institution.

Public Health
Santé publique
Salud pública
Общественное здравоохранение
Public health includes all actions (medical and non-medical) taken to protect, promote, and improve the general health of a population. It is the combination of sciences, skills, and beliefs that are directed at the maintenance and improvement of the health of all people through collective or social actions. The programs, services, and institutions involved emphasize the prevention of disease and the health needs of the population as a whole.[7]

Quality Assurance
Assurance de la qualité
Garantía de calidad
Обеспечение качества
(1) A formal, systematic process to improve quality of care that includes monitoring quality, identifying inadequacies in delivery of care, and correcting those inadequacies. (2) Monitoring and maintaining the quality of public health

services through licensing and discipline of health professionals, licensing of health facilities, and the enforcement of standards and regulations.[11] (3) The efforts to determine the quality of care, to develop and maintain programs to keep it at an acceptable level, and to institute improvements when the opportunity arises or the care does not meet standards. The term “quality assurance” is being replaced by “quality management.” The advantages of the term “quality management” are (a) there is no implication of a “guarantee,” an idea that may be suggested by the use of the word “assurance,” which is sometimes used as a synonym for “insurance;” and (b) “quality management” is more accurate, since the achievement of quality depends on people carrying out their responsibilities without error, and getting people to perform is the task of management.

Quality of Care

Qualité des soins

Calidad de la atención

Качество медицинской помощи

(1) The quality of technical care consists of the application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks. The degree of quality is, therefore, the extent to which the care provided is expected to achieve the most favorable balance of risks and benefits.[13] (2) The degree of conformity with accepted principles and practices (standards), the degree of fitness for the patient’s needs, and the degree of attainment of achievable outcomes (results), consonant with the appropriate allocation or use of resources. The latter phrase carries the concept that quality is not equivalent to “more” or “higher technology” or higher cost. The “degree of conformity” with standards focuses on the provider’s performance, while the “degree of fitness” for the patient’s needs indicates that the patient may present with conditions that override strict conformity with otherwise prescribed procedures.

Rate Variance

Variance du taux

Taza variable

Отклонение фактических затрат (цен) от плановых (контрактных, профинансированных)

Difference (variance) due to the actual cost per unit or amount per unit differing from what was budgeted (or standards expected).

Recurrent/Operating Costs

Charges récurrentes

Gastos operativos recurrentes

Текущие затраты

Costs that occur on a regular timely basis, such as those involved in running a clinic, for example, payment of salaries of doctors and nurses and purchase of drugs.[8]

Reimbursement

Remboursement

Reembolso

Возмещение

(1) Payment to a health facility or physician from the government, insurance company, or other fundholder for services rendered. (2) The payment to a hospital, other provider, or anyone, after the fact, an amount equal to the institution’s or individual’s expenses. The current trend is away from such a “blank check” approach, toward a prospective pricing system.

Reimbursement Cost-based

Remboursement sur le base du coût

Reembolso basado en costos

Возмещение затрат на уровне издержек производства (часто, в оговоренных

пределах)
Payment of all allowable costs incurred in the provision of care. The term "allowable" refers to the terms of the contract under which care is furnished.

Reimbursement Retroactive
Remboursement rétroactif
Reembolso retroactivo
Дополнительное возмещение («Дорасчет»)
Additional payment to a provider for costs not considered at the time of initial reimbursement.

Reimbursement Retrospective
Remboursement rétrospectif
Reembolso retrospectivo
Возмещение по факту
Payment based on actual costs as determined at the end of the fiscal period.

Reinsurance
Reassurance
Reaseguro
Перестрахование
Reinsurance involves a second insurer with whom the first/direct insurer contracts to share in the risks that the direct insurer has assumed on behalf of its members or beneficiaries. It is sound business practice to reinsure a scheme against sudden catastrophic or extraordinary liabilities, which the scheme may be unable to meet.

Relative Value
Valeur relative
Valor relativo
Коэффициент относительной затратоемкости/ весовой коэффициент
Index number assigned to a procedure based upon the relative amount of labor, supplies, and capital needed to perform the procedure.

Relative Value Unit (RVU) Costs
Coûts unitaires en valeur relative
Costos de la unidad de valor relativo
Стоимостной эквивалент коэффициента затратоемкости, равного единице
(1) This is a methodology for costing where the resources of one procedure, product, activity, or service (cost object) are measured "relative" to one another. By establishing a hierarchy of the relative consumption of resources among cost objects, total costs can be assigned to all cost objects according to their relative value adjusted for their frequency of occurrence. (2) A numerical figure designed to make possible comparisons of the resources needed (or appropriate prices for) various units of service. An RVU takes into account labor, skill, supplies, equipment, space, and so on, into an aggregate cost for a procedure or other unit of service. This cost is converted into the RVU of the procedure or service by relating it to the cost of procedure or service selected as the "base." For example, a red blood count might be used as the base and thus have an RVU of 1.0. If a blood sugar determination were, say, five times as "costly," it would have an RVU value of 5.0 (the illustration is imaginary as to the values given).

Relevant Costs
Coûts pertinents
Gastos pertinentes
Существенные расходы
Expected future costs that directly result from the proposed new project or investment.

Resource Allocation
Allocation des ressources
Asignación de recursos
Распределение ресурсов
In general, assignment of scarce inputs to the production of outputs.[8]

Responsibility Centers

Centres de responsabilité

Centros de responsabilidad

Центры ответственности

Parts, segments, or subunits of an organization whose managers are accountable for a specified set of activities.

Retrospective Payment

Paiement rétrospectif

Pago retrospectivo

Ретроспективная оплата (задним числом, по факту)

(1) Refers to when the payment rate is selected during or after the service has been rendered, sometimes as cost-based reimbursement, and is well known for being cost-enhancing rather than cost-reducing. Fee-for-service is a typical form or retrospective reimbursement. Although prices for each service may be set in advance, providers are not limited by a pre-determined agreement on the types and number of services rendered. (2) That element of a payment scheme whose level is determined only after services have been provided. See also Prospective Payment.

Risk

Risque(s)

Riesgo(s)

Риск

(1) The unexpected but estimated loss an insurer considers in issuing a contract to cover the loss in the event that it occurs. (2) The possibility of financial loss because of an injury to a patient (or visitor or employee), either through custodial liability (such as slips and falls) or professional liability (harm from the medical or hospital care). (3) Health care plan risk is a term which, when used in connection with organizations for providing patient care, refers to finances. For example, a health maintenance organization (HMO) that offers prepaid care for a given fee or premium is “at risk;” it must provide the care within the premium funds available or find the money elsewhere (the individual assets of the partners, for example).

Risk Assessment

Evaluation des risques

Evaluación de riesgos

Оценка риска

The means by which plans and policymakers estimate the anticipated but uncertain claims costs of enrollees.[11] This includes careful analysis of the probability of various health care costs that might be incurred by the individuals enrolled in the health insurance.

Risk Pool

Pools de risques

Mancomunación de riesgos

Рисковой фонд

A fund set up as a reserve for unexpected expenses. Organizations providing prepaid health care for a fixed fee typically set up such pools to cover, for example, unusually large demands for hospital care or specialist services.

Risk Selection

Sélection des risques

Selección de riesgo

Отбор рисков

An insurer’s attempts to enroll a population that will have lower-than-average risk. Risk selection refers to decisions by the insurer as to who to enroll; adverse selection refers to decisions by the enrollee as to whether to buy coverage.

Risk Sharing

Partage des risques

Riesgos compartidos

Разделение риска

(1) Usually the distribution of the risk or probability of health expenditures among members of the population, whether they are healthy or ill.[8] Within the membership's group, some individuals will require health care services while others will not. (2) The division of financial risk among those furnishing the service. For example, if a hospital and group of physicians form a corporation to provide health care at a fixed price, they will ordinarily do it under an arrangement in which the hospital and physicians are both liable if the expenses exceed the revenue; that is, they share the risk.

Salvage Value

Valeur de récupération

Valor de recuperación

Ликвидационная стоимость

The value of a capital asset at the end of a specified period.

Secondary Care

Soins secondaires

Atención secundaria

Вторичная медицинская помощь

(1) Care from specialists that ideally is arranged through referral after preliminary evaluation by a primary-care practitioner.[6] (2) Specialized care provided by a physician or hospital, usually on referral from a primary care physician. (3) Hospitals and outpatient specialist clinics, to which people go after referral from primary health care services. These services are generally more specialized and further from where people live. They often include a greater range of diagnostic services such as x-ray and pathological laboratory services; they may also include specialized treatment such as operating theaters and radiotherapy and certain drug therapies not normally available in primary care. The principal difference between primary and secondary services is in the range and specialization of the staff available.

Sector-wide Approach (SWAP)

Approche sectorielle

Enfoque sectorial

Координация различных программ международной помощи

Procedure by which external donors and lenders agree with a beneficiary country to support a common program of work (as opposed to each donor or lender negotiating with the beneficiary country on a bilateral basis) in a given sector (e.g., health), with some portion of the funds for the common program (from the donors, lenders, and the beneficiary government) often pooled into a common "basket" (as opposed to "project" type of funding, where donors and lenders specify what their funds may be used for or provide the inputs in kind, such as vehicles, construction, equipment, technical assistance, and training).

Semi-variable Costs

Coûts semi-variables

Costos semivariables

Условно-переменные расходы

Some costs have certain characteristics of both fixed and variable costs. These are also referred to as "mixed costs." Telephone costs are an example, in that there is a fixed monthly-based rate augmented by a variable rate that increases as long distance calls are made.

Skim (Cream Skim)

Sélection des risques

Descremar (selección de riesgos)

«Снятие сливок» (отбор рисков)

Primary usage of the term is in health insurance. It means discrimination against "bad risk" by denial of coverage, limitation of benefits, or increase of premium rates.

Social Financing

Financement social

Financiamiento social

Социальное финансирование

Funds are drawn from society at large to pay for an array of health care benefits offered at little or no out-of-pocket charge to a particular group of people or to all members of society. Social financing can be paid for from general tax revenues (as in services provided by ministries of health around the world); from mandatory health taxes specific to (earmarked for) health (as in the health component of social security in South America, the Caribbean, and Asia); or from compulsory contributions, established by law, to a public or private health fund other than social security.[3]

Stakeholders

Parties concernées

Partes interesadas

Заинтересованные стороны

Those individuals or entities interested in or potentially affected by a planned intervention in a program or project.[12]

Straight-line Depreciation

Amortissement linéaire

Depreciación lineal

Равномерное начисление износа основных средств

Depreciation method in which an equal amount of depreciation is taken each year.

Structural/Economic Adjustment

Ajustement structurel/Ajustement économique

Ajuste económico estructural/Ajuste económico

Структурный сдвиг/Структурная перестройка народного хозяйства/ Структурные реформы

The set of measures aimed at achieving the longer-term objective of accelerating economic growth chiefly by restructuring the economy and reducing excessive or inefficient government intervention.[8]

Subsidy

Subvention

Subvención

Субсидия

(1) A grant of money to an organization or an individual from a government or other agency.[10]
(2) A payment made by the government with the object of reducing the market price of a particular product or of maintaining the income of the producer. The aim of a subsidy may be to sustain demand for a particular product; to protect a particular industry; or to ensure that those consumers, especially the poor, who would otherwise not purchase a product or whose demand for it would decline, maintain their previous level of consumption.

Sunk Costs

Coût irrécupérables

Costos no recuperables

Невозвратные расходы

Past costs that are unavoidable because they cannot be changed no matter what action is taken. They are not included in profitability analyses of future investments.

Sustainable Development

Développement durable

Desarrollo sostenible

Устойчивое развитие

The capacity to meet the needs of the present without compromising the ability to meet future needs. This concept is central to current thinking on global protection and overcoming the threats to health presented by industrial growth and exploitation of natural resources.

The idea of sustainable development contains two basic concepts, as defined by the World Commission on Environmental Development-the Brundtland Commission. These are the concept of needs, in particular the essential needs of the world's poor, to which overriding priority should be given; and secondly, the idea of limitations imposed by the state of technology and social organization on the environment's ability to meet present and future needs. The Brundtland Commission went on to say that physical sustainability cannot be secured unless development policies pay attention to such considerations as changes in access to resources and in the distribution of costs and benefits. The notion of physical sustainability implies a concern for social equity between generations, a concern that must logically be extended to equity within each generation. It is generally now well accepted in development policy that poverty, health, environmental degradation, and population growth are inextricably related and that none of these fundamental problems can be successfully addressed in isolation. They are all part of the challenge of sustainable development. Sustainability of development programs can be said to have been achieved when a program continues to deliver intended recurring benefits after the cessation of the original development assistance on which the development at first depended. Achieving sustainable health development through foreign aid is a special challenge in the health sector.

Targeting

Ciblage

Focalización

Адресная помощь

The general process of channeling benefits such as food or health care to a specific (target) population group such as the poor, women, or children. It is usually compared with offering services to everyone free-of-charge (i.e., through a general price subsidy). Means testing is but one of a number of targeting mechanisms.[9]

Tertiary Care

Soins tertiaires

Atención terciaria

Третичная узкоспециализированная медицинская помощь

(1) Care of a highly technical and specialized nature, provided in a medical center, usually one affiliated with a university, for patients with unusually severe, complex, or uncommon problems. (2) Specialized care that offers a service to those referred from secondary care for diagnosis or treatment and that is not available in primary or secondary care. This kind of care is generally only available at national or international referral centers. Tertiary care has become a common feature in certain specialities for rare conditions or where the diagnostic or treatment facilities are scarce or require scarce combinations of resources or which remain essentially the subject of research. These facilities are commonly found in medical schools and teaching hospitals.

Tertiary Center

Secteur tertiaire

Centro terciario

Высоко специализированное медицинское учреждение

A large medical care institution, usually a teaching hospital that provides highly specialized care.[11]

Third Party Payer

Tiers payant

Tercer pagador

Плательщик «Третья сторона»

(1) Intermediary institution responsible for paying providers for services rendered to covered patients. Such funds or purchasers are called third party payers because they are neither patients nor health care providers. (2) An intermediate institution (e.g., insurance company) that modifies the transactions between consumers and providers of health care. Third party payers can be the government or private sector companies. (3) A payer who neither receives nor gives the care (the patient and the provider are the first two parties). The third party payer is usually an insurance company, a prepayment plan, or a government agency; organizations that are self-insured are also considered third parties.

Total Quality Management (TQM)
Maîtrise de la qualité totale
Gestión de la calidad total
Всеобщий контроль качества
An approach to quality assurance that emphasizes a thorough understanding by all members of a production unit of the needs and desires of the ultimate service recipient, a viewpoint of wishing to provide service to internal, intermediate service recipients in the chain of service, and a knowledge of how to use specific data-related techniques to assess and improve the quality of their own and their team's outputs.

Unit Cost
Coût unitaire
Costo unitario
Удельные затраты
The cost per unit of output or income. Illustrations of unit costs can be found at all levels of the health system. For example, the manager of a health center will be concerned with the unit cost of a patient.

User Charges
Paiement par l'usager
Cargos a usuarios
Плата (от населения) за услуги
It is the payment of out-of-pocket charges at the time of use of health care,[2] synonymous with the term "user fees."

Utilization Management and Review
Gestion et examen de l'utilisation
Gestión y revisión de utilización
Управление и оценка объемов оказания медицинской помощи
Procedures to identify whether health care services are being provided inappropriately or in excess. Managed care organizations make extensive use of these procedures in order to reduce utilization of services and costs. Some examples of utilization management include "gatekeeping," referrals, and second opinion requirements. Some examples of utilization review include profiling and physician peer review.[6]

Variable Costs
Coûts variables
Costos variables
Переменные затраты
(1) Those costs that vary directly or proportionally with changes in volume or activity. X-ray film consumed in taking chest x-rays is a variable supply cost. As more chest x-rays are taken, more film is consumed. (2) Those costs that vary with the volume of output, unlike a fixed cost, which remains constant with variations in output.

Annex A: References

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Base de données cliniques Взаимное страхование на уровне общины Continuing Medical Education (CME) Base
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