

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 = $(TN / (TN + FN))$
Positive Ratio = $(1 - \text{specificity})$
False Negative Rate = $(1 - \text{sensitivity})$

Bayes Theorem

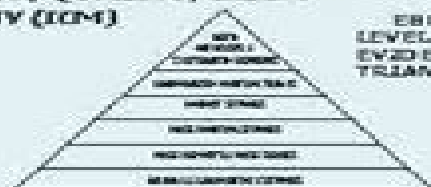
Finds the actual probability of an event, based on test results. Can be reversed for measurement errors & can relate actual probability to measured test probability.

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

	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 $\frac{\text{True Positives}}{\text{True Positives} + \text{False Negatives}}$	Specificity $\frac{\text{True Negatives}}{\text{True Negatives} + \text{False Positives}}$	Accuracy = true positive + true negative / total population

HEALTHCARE QUALITY (IOM)

Patient Safety
 Efficient use of resources
 Effective care
 Patient-Centeredness
 Equity



Phase	Goal	Participants	Comments
Phase I	Efficiency, feasibility, plus monitor harmful side effects	Non-human participants	
II	Pharmacokinetic and pharmacodynamic studies	20-100 human participants	Information in safety, efficacy, and toxicity
III	Dose ranging	100-1000 human participants	Check for major side effects, safety, efficacy, and toxicity
IV	Not for use if efficacy is uncertain, side effects are not within	1000-10000 human participants	Assess whether drug has therapeutic effect
V	Not for efficacy and safety	10000-100000 human participants	Assess whether drug has therapeutic effect
VI	Drug in use - monitoring long-term effects	Available for treatment of patients, physicians	Monitoring long-term use, minor drug is followed

CLINICAL DATA STANDARDS

Data Standards (Data Sharing - HL7 v2, HL7 v3)
 Transaction Standards - ISO 10129, D.O.
 Messaging Standards - SOAP, CORBA, DICOM, SCRIPT, CEN ISO/IEC 15073

Nomenclature, Vocabulary, Terminologies
SNOMED-CT - Comprehensive clinical terminology for EHRs and CDS info. Coding 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 problems on vital records. See ICD-10 code heading below.
 Other nomenclatures, vocabularies, terminologies - HCPs, CPT-4, CDT, ICD, R-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)

ALDSYNSE

Standard for representing and sharing clinical knowledge. Medical Logic Modeling (MLM) tool - 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, Disposition, event encountered, procedure

LEGAL/ECONOMICS/MANAGEMENT

HEALTH/ECONOMICS ASSESSMENT

Cost Effectiveness compares the costs and effects on outcomes for possible decisions.
 = associated cost of health gain/loss 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 interactions, up-to-date care, list of current active diagnoses, 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 history 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.

Clinical Informatics Board Exam Quick Reference Guide

Cinahl Information Systems Staff



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