

Glossary

Absenteeism: Missing days from work. In terms of health-related absenteeism, it can be attributed to general sickness, workers' compensation, short-term disability, long-term disability, sick leave, Family Medical Leave Act (FMLA), paid time off (PTO), unpaid leave, and death (premature mortality costs).¹

Asymptomatic: Lacking symptoms of a disease or condition.

At-work productivity decline (also see **presenteeism**): Reduced normal activity and job output due to a health problem.²

Bed days: Number of days-of-stay in a healthcare facility (e.g., hospital) used to treat a condition or population. "Hospital bed days per thousand," for example, may describe the average number of inpatient days used in a specified period of time for every 1,000 employees.

Chemoprophylaxis: The prevention of infectious disease through the use of chemical agents³; such as drugs; also called preventive medication.

Clinical preventive services: A comprehensive term referring to a variety of interventions delivered to an individual (e.g., screenings, counseling, immunizations, and preventive medication) intended to detect conditions for which the individual has no symptoms of disease or to prevent escalation of an established disease or condition.

Cohort: A defined group of individuals; a group of individuals with a common statistical factor (such as birth year, age, or risk).³

Comorbidity: The presence of multiple diseases or conditions that are simultaneously present and not necessarily caused by one another. For example, a patient with type 2 diabetes and depression is said to have comorbid diabetes and depression. Comorbid disorders may interact to affect clinical course, severity, risk factors for other conditions, or to alter the appropriateness of tests and treatments that are normally used to manage a single condition. Comorbidity may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival.⁵

Complication: A side effect, secondary condition, or adverse effect related to an underlying condition. Complications may occur because of the natural course of a disease (e.g., death can be a complication of an untreated heart attack) or may occur as the result of medical procedure or treatment (e.g., post-operative infection).

Cost, indirect: Expenses associated with an illness, condition, or disorder that are not immediately related to treatment. These non-medical expenditures include lost wages, lost workdays, costs related to using replacement workers, overtime premiums, productivity losses related to unscheduled absences, and productivity losses of workers while on the job.¹

Cost, direct: Dollars spent on health services. Direct costs include out-of-pocket payments, medical insurance benefits (e.g., medical, pharmacy, dental, mental health), disability payments, and workers' compensation losses.¹

Cost-effective: A determination that the net cost per unit of health generated by an intervention is favorable in comparison with other health services.

Cost-effectiveness: Minimum cost for a given benefit, the maximum benefit for a given cost, or a balance of low cost and high benefit that has maximum utility.

Cost-effectiveness analysis (CEA): An economic analysis designed to compare the net cost (expense) of an intervention with the net expense of one or more other interventions. CEAs usually use a common outcome measure, such as years-of-extended life or quality-adjusted life years in which all expenditures are related to a single, common effect, usually in terms of expense per outcome achieved.

Cost-effectiveness (CE) ratio: The ratio of total investment expenditures to total accrued benefits, in terms of both dollars and benefit value. This is comparable to a Return-on-Investment (ROI) calculation.

Cost, out-of-pocket: Expenditures for a healthcare service that are not covered by a health plan or other third party and for which an individual is directly responsible.

Cost-saving: The reduction in healthcare expenses resulting from an intervention or program after accounting for the cost required to develop, implement, and maintain the given intervention or program.

Cost, total: The sum of all direct and indirect costs.

Counseling: An intervention during which a clinical provider gives information to an individual about changes in personal behavior that can reduce the risk of illness or injury.

Disability: Inability to pursue an occupation or perform job tasks because of physical or mental impairment.³

Direct medical expense: The economic value directly attributable to a particular clinical action, purchase, program or initiative; the amount spent for diagnosis, treatment or prevention of medical problems. Direct medical expenses include visits to physician's offices and treatment expenditures.

Evidence-based medicine: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine integrates individual clinical expertise with the best available external clinical evidence from systematic research.⁴

Evidence-based recommendations: Require "First, good evidence that each test or procedure recommended is medically effective in reducing morbidity or mortality; second, the medical benefits must outweigh the risks; third, the cost of each test or procedure must be reasonable compared to its expected benefits; and finally, the recommended actions must be practical and feasible."⁸ [*Note: The USPSTF does not consider cost as a factor in its recommendations.*]

Excess medical costs: Any medical expenditure related to a preventable disease or health condition, for example, spending for an amputation necessitated by poorly controlled diabetes or expenses related to a hospital-acquired infection.

Health economics: A branch of economics concerned with analyzing the costs and consequences of healthcare. Health economics uses mathematical models to synthesize data from biostatistics and epidemiology to support medical decision-making, both for individuals and for wider health policy.⁵

Health promotion program (also see **wellness program**): Any prevention initiative aimed at changing lifestyle behaviors associated with greater risk of disease. These initiatives actively encourage healthy activities such as substance abuse control, weight management, smoking cessation, stress management, physical activity, or the like.

Health risk appraisal/Health risk assessment (HRA): A standardized assessment tool administered to employees (or other groups of individuals) that measures an individual's wellness and disease risk factors, interest in participating in specific programs, and readiness to change unhealthy lifestyle habits.

Health Plan Employer Data and Information Set (HEDIS®): HEDIS® is a United States program from the National Committee for Quality Assurance (NCQA) that consists of multiple, diverse measures of clinical and administrative outcomes by which the performance of a health plan can be compared to other plans, national or regional benchmarks, or the plan's performance from previous years.

Herd immunity: The immunity of a group or community. When a high proportion of a community is immunized against a particular communicable disease, the entire community (including those who are immunized) is resistant to the invasion and spread of an infectious agent because there are not enough non-immune people to transmit the disease.

High-value: An intervention that is both evidence-based and cost-effective.

Immunization (also see **vaccination**): The administration of a substance, usually by injection, oral, or nasal administration, that produces protective immunity to one or more specific diseases.

Incidence: The number of new cases of a particular illness or condition reported in a given time period (e.g., day, week, year).

Indirect medical expense: Money expenditures associated with an illness, condition, or disorder, but not immediately related to treatment of that disorder.

Life-years gained: A measure of value gained from a healthcare intervention: the average number of extra years of life resulting from treatment when compared with non-treatment. It does not include measures of quality of life or disability status (e.g., QALY, DALY).

Lost productivity: Total limitation in work experienced by an individual. It is a sum of lost workdays and productivity decline.²

Lost workdays: Days for which an individual reports being unable to complete normal activities due to a health condition.

Lost workday cases: Cases that involve consecutive or nonconsecutive days away from a job, on restricted activity, or both as a result of injury or illness. Counting of lost workday cases should begin following the day an injury occurs or a disease or illness commences.

Morbidity: The relative frequency and severity of a disease in a defined population; the result of experiencing illness from a disease or condition (excluding death). For example, untreated type 2 diabetes may result in morbidities such as blindness, infections, neuropathies, and other problems.

Mortality: The number of deaths in a defined population or more specifically, the number of deaths

attributable to a particular type of illness or disease.

Premature mortality: The number of deaths of people aged 0 to 74 years. Premature mortality is an important indicator of the general health of a population as a high premature mortality rate indicates poor population health status.⁴

Presenteeism: Describes an employee who is at work but not fully functioning while there. In this context, presenteeism refers to those situations whereby an employee's job performance or productivity is impaired by a health problem.¹

Prevalence: The proportion of the general population affected by a specific illness or condition at a specific point in time or during a defined period of time.

Preventive medication: A medication taken to prevent the occurrence or delay the onset of a disease or condition.

Primary care: Clinical care provided by family physicians, pediatricians, internal medicine doctors, or obstetrician/gynecologists who treat general illnesses, provide clinical preventive services, and triage patients for specialized medical care.

Primary prevention: is aimed at preventing the onset of disease. One way of doing this is by controlling risk factors in healthy people that may lead to disease. Examples of primary prevention include 1) immunizations to prevent communicable diseases such as influenza or polio, and 2) promotion of physical activity to prevent conditions such as obesity that can lead to disease (e.g., type 2 diabetes).

Primary preventive service: Any service, procedure, medication, counseling, or immunization aimed at avoiding or delaying illness.

Productivity: The amount of output produced by a worker in a given period of time (hour or day, etc.).²

Recommended guidance: A recommendation or guideline that is based on the best-available information for a condition, disease, or health service, but that does not yet have the scientific research support to be considered evidence-based.

Return-on-investment (ROI): A comparison of the money earned (or lost) on an investment to the amount of money invested. For example, every \$1 an employer spends on immunization produces a return of \$3 in avoided healthcare costs. It is important to note that ROI is not a proxy for cost-effectiveness or vice versa. Interventions that are cost-effective or even cost-saving at the societal level do not necessarily yield a positive ROI from the business perspective, although they may provide a better value than other services.⁶

Risk, at-: Possessing a chance of succumbing to a disease or condition due to specific genetic markers, personal history, behaviors, or other factors.

Risk, high: Possessing a greater chance of succumbing to a disease or condition than the general population due to specific genetic markers, personal history, behaviors, a lack of immunity, or other factors.

Risk, low: Possessing a lesser chance of succumbing to a disease or condition than the general population due to specific genetic markers, personal history, behaviors, or other factors.

Screening: A test or examination designed to identify an individual's risk of developing an illness or condition (i.e. blood pressure measurement or cholesterol reading).

Secondary prevention: is aimed at treating a disease after its onset, but before it causes serious complications. Secondary prevention includes 1) identifying individuals with established disease, and 2) treating those individuals in a timely way so as to prevent further problems (e.g., mammography screening to detect and treat breast cancer in its earliest stages).

Spontaneous abortion (miscarriage): A sudden unplanned miscarriage of the fetus from the womb. The terms fetal death and stillborn refer to the spontaneous death of a fetus in later stages of pregnancy.

Symptomatic: Having characteristics that indicate the presence of a disease or condition.

Tertiary prevention: is aimed at treating the late or final stages of a disease so as to minimize the degree of disability caused by that disease (e.g., administering a foot check to a person with diabetes to identify infections that would require amputation if left untreated).

Test: Any technique used to determine whether a condition is present or not or to measure its level of activity or severity. Tests include, for example, maneuvers such as physical examinations, laboratory-based examinations of blood and other tissues, X-ray examinations, and questionnaires, among others.

Vaccination (also see immunization): The administration of a substance, usually by injection, oral, or nasal administration, that produces protective immunity to one or more specific diseases.

Wellness program (also see **health promotion program**): Any prevention initiative aimed at changing lifestyle behaviors associated with greater risk of disease. These initiatives actively encourage healthy activities such as substance abuse control, weight management, smoking cessation, stress management, physical activity, or the like.

Work loss: Time away from a job or an inability to perform normal work activities because of a health problem.

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