Health Services Research – Glossary of key terms

Health administrative data	Routine data generated at every encounter with the health system. For example, information about demographics, health outcomes or the treatments and services provided during an emergency department visit or hospital stay.
Bayesian	A type of statistical method which incorporates new data as it becomes available to increase confidence in the results.
Bench to Bedside	The process by which the results of laboratory research are used to develop new ways to treat patients.
Clinical registry	A database that collects health-related information on individuals who are: 1. treated with a particular surgical procedure, device or drug, e.g. joint replacement; or 2. diagnosed with a particular illness, e.g. stroke; or 3. managed via a specific healthcare resource, e.g. treated in an intensive care unit.
Co-design	An approach of actively involving stakeholders in the design process for health services, interventions, policies, etc to help ensure the result meets their needs and is usable.
Cost-effectiveness analysis (CEA)	A type of economic analysis that assesses the cost of achieving a benefit by different means. The benefits are expressed in **non-monetary terms** related to health, such as symptom free days, heart attacks avoided, death avoided, or life years gained as a result of the intervention. Options are often compared on the cost incurred to achieve 1 outcome (for example, cost per death avoided).
Cost-utility analysis (CUA)	A type of economic analysis that compares the costs and effects of alternative interventions. In cost-utility analysis, health effects are assessed in terms of both quantity and quality of life, and expressed as a single measure of health called **quality-adjusted life years** (QALYs).
Data linkage	A method of bringing information from different sources together about the same person or entity to create a new, richer dataset.
Determinants of health	The factors that have a significant influence, whether positive or negative, on health (ie. how likely we are to stay healthy or to become ill or injured). They may be social, biomedical or behavioural factors.
Diagnosis-related group (DRG)	A system of categorising hospital patients based on similar diagnoses and use of similar hospital services. The system is used to pay hospitals.

Discrete choice experiments (DCEs)	A quantitative technique for identifying individual preferences. It allows researchers to uncover how individuals value specific features of a programme, product or service by asking them to state their choice over different hypothetical alternatives.
Economic evaluation	A class of analyses which examines the value for money of an intervention or program. They guide how resources are allocated in the health sector. CEA and CUAs are types of economic evaluations.
Epidemiology	The study of how often diseases occur in different groups of people and why. Epidemiological information is used to plan how we can prevent and manage illness.
Health economics	Health economics uses economic theories to understand the behaviour of individuals, clinicians, public and private organisations, and governments in decision-making about health and healthcare.
Health services research (HSR)	Research about how we fund, organise and deliver health services. It often involves multiple different disciplines. Outcomes are usually at the population level rather than the individual – this approach contrasts with clinical research which emphasises outcomes for individuals.
Health-related quality of life (HRQoL)	An individual's or a group's perceived physical and mental health over time. There are many questionnaires available to measure HRQoL, including the commonly used EuroQol-5 Dimension (EQ-5D) questionnaire.
Implementation science	The scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers.
Inductive approach/research	This is a systematic way of analysing qualitative data that involves the search for patterns and the development of explanations/theories for those patterns. Inductive reasoning moves from specific observations to broad generalisations.
Lived experience	While the terminology first appeared in mental health research, the term 'lived experience' is now more broadly applied in research into health conditions to the experience of a person personally affected by (living with) a condition. Caregivers, family and friends will also have their own experiences and views about a condition, however, they are not interchangeable with the views and experiences of the individual directly affected.
Longitudinal analysis	Methods for analysing data from studies where study participants are followed over time with continuous or repeated outcome measurement.
Low-value and high-value care	Low value care is care that provides little or no benefit, may cause patient harm, or produces only small benefits at a very high cost. High value care provides a lot of benefit to the individual and community for the resources invested.
Multi-criteria decision analysis (MCDA)	A systematic way of making decisions that considers multiple criteria that are important for that decision

Patient-reported outcome measures (PROMS)	PROMs are questionnaires that help patients to report on outcomes relating to their health. They focus on various aspects of health, such as symptoms, daily functioning, and quality of life.
Patient-reported experience measures (PREMS)	PREMS (in contrast to PROMS) are questionnaires that ask about patient *experience* with health services provided
Primary care	Healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment
Qualitative research	Research that uses descriptive information to understand the experience or quality of health or healthcare. Examples include focus groups or interviews with patients to understand their experience of a particular disease.
Quality-adjusted life years (QALYs)	A measure of the value of a health other based on the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life during those years. One quality-adjusted life year (QALY) is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a 0 to 1 scale). It is often measured in terms of the person's ability to carry out the activities of daily life, and freedom from pain and mental disturbance. QALYS are used as an outcome in cost-utility analysis (see above).
Quantitative research	Research that uses numbers to assess the impact of a healthcare intervention. Examples include randomised controlled trials, economic analyses, data linkage studies, etc.
Randomised controlled trial (RCT)	A trial in which subjects are randomly assigned to one of two (or more) groups: one (the experimental group) receiving the intervention that is being tested, and the other (the comparison group/s or control/s) receiving an alternative (conventional) treatment. The two (or more) groups are then followed up to see if there are any differences between them in the outcome.
Socioeconomic information	This typically considers characteristics such as income, education, and occupation/employment
Thematic analysis	An exploratory process to find and analyse patterns (or themes) in a data set that relate to a research question to identify meaning. It is a process used in inductive research.
Visual analogue scale	A tool for measuring subjective concepts (e.g. characteristics or attitudes) that cannot be directly measured. Participants specify how much they agree with a statement by indicating a position along a continuous line between two end points (e.g. How much pain are you in? Choose a number between 0 and 100)

Other resources that may also be helpful:

- HTAi consumer and patient glossary
- Australian Department of Health and Aged Care: Acronyms and Glossary
- Australian Institute of Health and Welfare Glossary
- Australian Commission on Safety and Quality in Healthcare Glossary
- AccessCR Clinical Trials Jargon Buster