Test Bank for Jonas and Kovners Health Care Delivery in the United States 11th Kovner

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1. The World Health Organization defines health as which of the following?

a. The absence of disease or infirmity
b. A condition of physical fitness in the absence of disease
*c. A state of complete physical, mental, and social well-being
d. The ability to perform all activities of daily living

2. In 2011, the per capita health care spending in the United States was which of the following, approximately?

a. $5,500
b. $6,500
c. $7,500
*d. $8,500

3. Which of the following sources of health care funding has decreased significantly from its level in 1970 to its level in 2012?

a. Private health insurance
b. Medicare
c. Medicaid
*d. Out of pocket

4. Which of the following was the obesity rate of the United States in 2010?

a. 21.7%
b. 28.3%
*c. 35.9%
d. 42.5%

5. According to the University of Wisconsin Population Health Institute, what percentage of ultimate health outcomes are determined primarily by personal health behaviors?

a. 20%
*b. 30%
c. 40%
d. 50%

6. Given the focus of the Affordable Care Act, there is concern that there may be a shortage of which of the following health professions to meet the changing health care needs of the U.S. population?

*a. Primary care physicians
b. Licensed practical nurses
c. Medical assistants
d. Orthopedic surgeons

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7. According to the Institute of Medicine's research, at least how many Americans die in U.S. hospitals each year due to medical errors?

a. 44
b. 440
c. 4,400
*d. 44,000

8. Typically, consumers with health insurance are most likely to be concerned with which of the following when choosing a health care provider?

a. Quality of care
b. Value of care
*c. Copay amount
d. Total cost of care

9. Beginning in 2013, the Centers for Medicare and Medicaid Services began to release certain Medicare provider charge data for public viewing. The purpose of this action is primarily to increase which of the following in the U.S. health care system?

a. Quality
*b. Transparency
c. Profitability
d. Coverage

10. Which of the following best describes Americans' attitude toward the Affordable Care Act at the time the federal exchanges were rolled out (October 2013)?

*a. Divided
b. Strongly in favor
c. Strongly opposed
d. Apathetic

11. Which U.S. federal organization is specifically responsible for reporting on progress made toward improved health care quality and opportunities for ongoing improvement?

a. Food and Drug Administration
*b. Agency for Healthcare Research and Quality
c. National Institutes of Health
d. Centers for Disease Control and Prevention

12. The U.S. Bureau of Labor Statistics estimates that the health care workforce could expand by more than what percent by 2020?

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a. 10%
b. 20%
*c. 30%
d. 40%

13. Which of the following are aspects of the current U.S. health care system that consumers like? Select all that apply.

a. Cost of care and insurance coverage
*b. Consumer choice of plans and coverage
*c. Access to latest medical technologies and pharmaceuticals
d. Care coordination
*e. Perceived quality of clinical care

14. The development of health care policy and provision of health care services are complex processes, with responsibilities shared across all levels of government within the United States: federal, state, and local. Which of the following are roles of state governments in health care in the United States? Select all that apply.

a. Develop national health policies
*b. Fund and administer Medicaid programs
c. Provide health care for veterans
*d. License health care providers
*e. Operate facilities for the mentally ill

15. If implementation of the Affordable Care Act continues to move forward as intended, which of the following is likely to occur? Select all that apply.

a. Large health care organizations will become smaller
*b. Focus will be on coordinated care
c. More physicians will go into private practice
*d. Patients will become more active participants in their health care
*e. The cost of care will continue to increase

16. How does the region of the United States in which one lives affect the quality of health care one has access to? What are the reasons for this? Provide an example of this disparity.

Correct Answer:
It is easy to presume that the quality of health care services and the outcomes achieved should be similar regardless of whether you live in Los Angeles, Dallas, or Boston, and regardless of which hospital or doctor’s office in your city you use for services. Research has shown, however, that this is not the case. The Dartmouth Atlas, among others, has shown that where you live, and at which facility you receive care, influences both access to care and the quality of care you receive. Tremendous variations exist among geographic areas, among cities within

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the same state, and among health care facilities within the same city. The Commonwealth Fund's *Local Scorecard* has also documented alarming variations including the following: The rate of potentially preventable deaths before age 75 from health care amenable causes was more than three times as high in the geographic area with the worst (highest) rate than in the area with the best (lowest) rate (169.0 vs. 51.5 deaths per 100,000 population). The incidence of unsafe medication prescribing among Medicare beneficiaries was four times higher in Alexandria, Louisiana, than in the Bronx and White Plains, New York (44% vs. 11%, respectively). It is evident that significant variation exists in access to care, delivery of care, and health outcomes. The challenge for policymakers and the U.S. health care delivery system is to identify strategies to close these gaps.

17. What is the effect of medical errors in the United States health care system, and what measures have been taken by the federal government to reduce these errors?

Correct Answer:
The Institute of Medicine's research indicates that at least 44,000 Americans die, and hundreds of thousands more are injured, in U.S. hospitals each year due to medical errors. These errors cause unnecessary costs to the U.S. health care system of between $17 billion and $29 billion annually. The Institute developed a road map to achieve better quality, calling for focus on care that is safe, effective, patient centered, timely, efficient, and equitable. In the years since these studies, many tools, techniques, and measures have been implemented to evaluate and improve quality in the U.S. health care system. Payment systems have also begun to integrate quality measures. Each year since 2003, the Agency for Healthcare Research and Quality has reported on progress toward improved health care quality and opportunities for ongoing improvement. Although annual improvements have been recognized, the reports also indicate that health care quality and access continue to be suboptimal. Efforts also are underway to ensure that quality health care information is more readily accessible for patients as they make health care–related decisions. The Department of Health and Human Services has developed mandatory quality reporting metrics, made publicly available through www.hospitalcompare.hhs.gov. Numerous other public and private sources have begun to provide ratings and information about patient experiences and outcomes. However, many factors other than quality data currently drive decisions when patients select health care providers.

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CHAPTER 2

A Visual Overview of Health Care Delivery in the United States

MULTIPLE CHOICE

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   B. A condition of physical fitness in the absence of disease
   C. A state of complete physical, mental, and social well-being
   D. The ability to perform all activities of daily living

Answer: C

2. In 2011, the per capita health care spending in the United States was which of the following, approximately?
   A. $5,500
   B. $6,500
   C. $7,500
   D. $8,500

Answer: D

3. Which of the following sources of health care funding has decreased significantly from its level in 1970 to its level in 2012?
   A. Private health insurance
   B. Medicare
   C. Medicaid
   D. Out of pocket

Answer: D

4. Which of the following was the obesity rate of the United States in 2010?
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Answer: B

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   B. Licensed practical nurses
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Answer: B

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Answer: A

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Answer: B

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Answer: C

MULTIPLE RESPONSE

13. Which of the following are aspects of the current U.S. health care system that consumers like? Select all that apply.
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    E. Perceived quality of clinical care

Answer: B, C, E

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Answer: B, D, E

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SHORT ANSWER

16. How does the region of the United States in which one lives affect the quality of health care one has access to? What are the reasons for this? Provide an example of this disparity.

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