Test Bank for Jonas and Kovner's Health Care Delivery in the United States 12th Knickman

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Jonas & Kovner's *Health Care Delivery in the United States*, 12th Edition

Test Bank

Chapter 2, Organization of Care

MULTIPLE CHOICE

1. What feature of many other countries' health care systems does the U.S. system lack?

   *A. A central government agency to control the delivery of health care

   B. Specialized health care providers

   C. Prevention services

   D. Community health centers

2. Which organization defines *health* as a "state of complete physical, mental and social 'wellbeing' and not merely the absence of disease or infirmity?"

   A. The United Nations

   B. The American Medical Association

   *C. The World Health Organization

   D. The Institute of Medicine

3. The Patient Protection and Affordable Care Act of 2010 has increased the health system's focus on which of the following?

   A. Cures

   *B. Prevention

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C. Palliative care

D. Rehabilitation

4. Programs to help people lose weight or stop smoking are examples of which type of prevention?

*A. Primary

B. Secondary

C. Tertiary

D. Acute

5. Which of the following is *not* a type of secondary prevention service?

A. Blood pressure screening

B. Pap smear

C. Mammogram

*D. Immunization for childhood diseases

6. According to the Centers for Disease Control and Prevention, what percentage of emergency room visits in 2015 were actually urgent, requiring medical attention within

A. 15 to 60 minutes?

B. 0.7%

C. 7.4%

*D. 29.8%

E. 61.2%

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7. The emergency severity index (ESI) defines “immediate” as a patient whose condition needs to be seen within what time span?

   *A. Less than 1 minute

   B. Between 1 and 14 minutes

   C. Between 15 and 60 minutes

   D. Between 61 and 120 minutes

8. You drive your friend to an urgent care center for treatment of a suspected sprained ankle. There she will receive which type of care?

   A. Prehospital care

   B. Chronic care

   C. Tertiary care

   *D. Ambulatory care

9. What percent of U.S. health care costs is attributable to the treatment of patients who have multiple chronic conditions?

   A. 15%

   B. 25%

   *C. 66%

   D. 80%

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MULTIPLE RESPONSE

10. Which of the following are purposes of tertiary prevention services? Select all that apply.

    *A. Preventing damage from an existing disease

    B. Treating an urgent episode of illness or injury

    *C. Slowing the progression of a disease

    *D. Preventing complications of disease

11. Acute care encompasses which of the following functions? Select all that apply.

    *A. Emergency care

    *B. Trauma care

    *C. Prehospital emergency care

    *D. Acute care surgery

    E. Immunization

12. Which of the following help define a medical emergency according to the prudent layperson standard? Select all that apply.

    *A. Serious jeopardy for the health of an individual or unborn child

    *B. Serious impairment of bodily functions

    C. Exposure to an infectious disease

    *D. Serious dysfunction of any bodily organ or part

13. Which of the following are among the health care professionals who typically provide primary care? Select all that apply.

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*A. Physicians

B. Dentists

*C. Physician assistants

*D. Nurse practitioners

14. The idea behind the Triple Aim is for health care organizations to simultaneously pursue three goals. Which of the following are they? Select all that apply.

*A. Reduce the per-capita cost of health care

B. Apply the principle of triage in delivering care

*C. Improve the health of populations

*D. Improve the patient experience of care

MULTIPLE CHOICE

15. Which of the following is a collaborative network of providers who work together in a coordinated fashion to provide a continuum of care to a particular patient population or community?

*A. An integrated delivery system

B. An urgent care center

C. A public health agency

D. A home health care organization

16. Which of the following is a type of care provided to terminally ill patients?

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A. Subacute care

B. Rehabilitative care

*C. Hospice care

D. Long-term care

17. Encompassing about 42% of practicing U.S. physicians, the most common type of physician practice today is which of the following?

A. Multispecialty group practice

B. Solo practice

*C. Single specialty group practice

D. Corporate medical practice

18. According to the American Telemedicine Organization, how many U.S. hospitals are participating in some form of telemedicine?

A. About 10%

B. More than a quarter

*C. More than half

D. About 80%

19. The ACA created health care facilities to give states an option for providing patient-centered, medical home-type services to Medicaid beneficiaries with severe or multiple chronic conditions. These facilities are called

A. Patient-centered medical homes

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*B. Health homes

C. Assisted-living facilities

D. Accountable care organizations

20. As of 2016, three-quarters of all retail medical clinics in the United States were operated by CVS and which other company?

A. Walmart

*B. Walgreens

C. Target

D. Duane Reade

SHORT ANSWER

21. Describe the five system components necessary for health care organizations to fulfill the Triple Aim's goal.

Answer: To fulfill the Triple Aim's goal of improving the patient experience, improving the health of populations, and reducing the per-capita cost of health care, health care organizations must focus on individuals and families by customizing care at the individual level and engaging families and caregivers as partners; redesign primary care services and structures; promote population health management in partnerships within the community; establish a cost control platform; and develop integrated systems to coordinate services across the continuum of care.

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22. Discuss the purpose of patient-centered care as defined by the Institute of Medicine (IOM) and identify its six dimensions.

    Answer: Providing patient-centered care means giving patients the information they need to actively participate in decision making about their care to achieve the most desirable outcome. The likelihood that the patient's desired outcome can be achieved increases when patients and family members are actively involved in decision making about the delivery of care. The six dimensions of patient-centered care identified by the Institute of Medicine (IOM) are respect for patients' values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support; and the involvement of family and friends.

23. What is telemedicine? Describe the providers who offer telemedicine and the services they offer.

    Answer: Telemedicine uses electronic communications to exchange medical information between sites to improve a patient's clinical health status. Hospitals, specialty clinics, home health agencies, and physicians' offices all use telemedicine. The service may be offered within a single health care organization or between health care organizations. Services include primary care and specialist referral services, remote patient monitoring, consumer medical and health information, and medical education.

24. Describe the role of the biopharmaceutical industry in the U.S. health care system.

    Answer: The biopharmaceutical industry, sometimes referred to as Big Pharma, comprises the pharmaceutical and biotechnology industries. Biopharmaceutical

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companies develop, manufacture, market, and distribute drugs and vaccines used to prevent and treat diseases. This segment is made up of four sectors: pharmaceutical and medicine manufacturers, pharmacy wholesalers, research and development services, and management of companies and enterprises. Biopharmaceutical companies spend up to $135 billion annually on research and development, and it is estimated that it takes up to 15 years to develop a medicine or vaccine. The biopharmaceutical industry accounts for nearly 20% of all research and development investment in the United States.

25. Describe the role of pharmacies in the U.S. health care system.

Answer: Licensed pharmacies include retail pharmacies in the community setting and hospital or other institutional pharmacies. Community pharmacies include chain pharmacy organizations (CVS, Walgreens); pharmacies located within other large retail organizations (Walmart, Kroger); and independent, locally owned and operated pharmacies. The community pharmacy provides the public with access to medication, including flu shots, and serves as a source of advice on health issues. Approximately 6 of 10 licensed pharmacists work in the community setting. Institutional pharmacies control drug distribution within a health care facility and help to ensure each patient receives the appropriate drug and dosage. A hospital or health system may also operate a retail pharmacy within its facilities in addition to its clinical pharmacy operation.

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ESSAY

26. Distinguish between the fields of public health, community health, and population health and explain the purpose of each.

    Answer: Traditionally, public health has been viewed as a function of federal, state, and local public health departments to address health concerns affecting the public at large, such as by preventing epidemics, containing environmental hazards, and promoting healthy living. Community health improvement is a more expansive view of public health that focuses on collaboration among public health departments, health care delivery organizations, social service agencies, and government entities to address issues that affect the health of a particular community. Interest in ways health care and public health activities could be coordinated accelerated in the mid-1990s. The Association for Community Health Improvement serves as a national association for community health, community benefit, and population health professions, providing educational resources, tools, networking opportunities, and professional development. The ACA mandates that all nonprofit hospitals complete a community health needs assessment every three years. The concept of population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." This field focuses on health status indicators for a defined group of people, and the goal of population health is to improve the health of the population and reduce inequities or disparities between population groups.

27. Describe integrated delivery systems (IDS) and the two types of integration.

    Answer: An integrated delivery system (IDS) is a collaborative network of providers

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who work together in a coordinated fashion to provide a continuum of care to a particular patient population or community. Within an IDS, providers work together through information sharing, shared responsibility, and collaborative resource utilization. Many believe integrated delivery systems can help address some of the problems associated with the United States' fragmented health care delivery system and improve the quality and accessibility of care while reducing or containing costs. Horizontal integration links organizations that provide the same level of care, such as a multispecialty group practice. Vertical integration links organizations that provide different levels of care, such as preventive, primary, secondary, tertiary, and long-term care. One of the goals of an IDS is to provide continuity of care for the patient, which includes continuity of information (shared medical records), continuity across primary and secondary care (discharge planning from specialist to generalist care), and provider continuity (having the patient see the same provider each time).

28. Discuss some of the means for measuring and improving health system performance in the United States.

    Answer: The Institute of Medicine (IOM) released a landmark 2001 report called *Crossing the Quality Chasm* that issued a mandate for improvement in U.S. health system performance. A portion of the ACA is dedicated to improving quality and performance through funding for research, the alignment of financial incentives with performance outcomes, and the identification of a national quality strategy. Organization such as the IOM, the Institute for Healthcare Improvement (IHI), and the National Committee for Quality Assurance (NCQA) promote quality improvement initiatives including patient

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centeredness, the Triple Aim, and the patient-centered medical home. The CMS is financially incentivizing providers' "meaningful use" of electronic health records to promote quality improvement in health care through collaboration among providers, payers, the government, and other stakeholders. The IHI promotes a framework called the Triple Aim proposing that organizations simultaneously pursue three goals: improve the patient experience of care, improve the health of populations, and reduce the per-capita cost of health care. Organizations would do this by focusing on individuals and families, redesigning primary care services and structures, using population health management to promote prevention and wellness, controlling costs, and coordinating services across the continuum of care. Patient-centered care is another way to define quality care. Its six dimensions are respect for patients' values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support; and involvement of family and friends. Finally, population health management aims to manage the network of providers patients see to help ensure they are receiving the most efficient and effective care. For instance, hospitals can manage the transition of care by proactively planning for a patient's discharge with the patient, family, and home health service; hospitals can use outreach such as phone calls, telemedicine, or home visits to embed resources in the homes of high-risk patients to ensure they comply with medication protocols; and providers can recognize that chronic diseases are the primary drivers of death and disability in the United States and thus use data analytics to help identify chronically ill patients and manage their conditions.

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