Test Bank for Connecting Care for Patients 1st Katz

Connecting Care for Patients, First Edition
Barbara Katz
Chapter 2 Quiz

Chapter #2: Integrated Delivery Systems – The Connected Care Ideal

Multiple Choice

1. A nurse case manager is employed by a primary care medical practice identified as a PCMH. Which function does the nurse provide for this practice?
a. Patients will see one of several primary care providers.
b. All patient medications are reviewed and consolidated.
c. Specialized medical care is provided within the practice.
d. Digitalized medical records are stored at an off-site location.

<Answer: b>
<Ahead: New Integrated System Models>
<Feedback: The PCMH practice is the locus of the patient's care, where the patient has a regular primary care provider who organizes and coordinates care. The patient's primary medical record is kept by the PCMH practice, and all medications are reviewed and consolidated, a function performed by the nurse case manager. The PCMH practice coordinates any specialty care needed by the patient.>

2. A variety of new payment models have been developed for the delivery of integrated health care. Which common element exists within all of the new payment models?
a. Providers negotiate Medicaid and Medicare payment for each patient.
b. Health care providers set target prices of services for insured patients.
c. Health care providers deliver care and are initially paid on a fee-for-service basis and then receive a final payment based on actual costs and outcomes.
d. Providers are paid by insurers based on the volume of patients served.

<Answer: c>
<Ahead: Value-Based Payment Models—Common Elements>
<Feedback: With value-based payment models, the health care providers deliver care and are paid on a fee-for-service basis initially and then receive a final payment based on actual costs and outcomes. Insurers and government agencies (Medicaid and Medicare) contract with providers who accept payment based on outcomes and costs. The target prices for services are set by the insurers and are based on recent claims data from the patient population or medical group. Paying providers based on the volume of patients served is in direct opposition to value-based payment models, which pay on a fee-for-service basis.>

3. Which is one of the six attributes of a high-performing, integrated care system, according to the Commonwealth Fund's *Commission on High Performance Delivery Systems*?
a. Patient clinical information is electronically available at the time of care delivery.
b. Clinicians of all types are individually accountable for the quality of their work.
c. Patients are only referred to practices that are particularly sensitive to their particular cultural needs.
d. The system is evaluated yearly to improve quality, value, and patient service.

<Answer: a>
<Ahead: Characteristics of High-Performing Integrated Delivery Systems>
<Feedback: In an integrated care system, patient clinical information is available to all providers at the time of care delivery. Clinicians are accountable to each other in this system, review each other's work, and collaborate to deliver high-quality care. Patients have access to high-quality, culturally competent care and information at multiple locations and at all hours with an integrated care system; patients are not referred to a practice based only on culture. The evaluation of an integrated care system is an ongoing process to improve quality, value, and patient service.>

4. Literature reviews identify a series of very specific strategies for health care organizations that produce high-performance, integrated delivery models. Which is an appropriate strategy?
a. Build a system that focuses on providing health care to underserved populations.
b. Focus only on managing health care costs to assure financial stability and security for the organization.
c. Adopt the universal business and operating plan of integrated health care organizations.
d. Create a professional workforce that is educated for and engaged in integrated care.

<Answer: d>
<Ahead: The Strategies and Tactics of Integrated Care>
<Feedback: An appropriate strategy for creating an integrated care organization is to create a professional workforce that is educated and engaged. Without this support, the integrated care organization will fail at the point of delivery. The integrated care system does not focus on just underserved populations. In order to be successful in value-based payment mechanisms, integrated care organizations must lower costs as well as outcomes. The operating plan of each integrated care organization is unique and developed by applying population health data and strategies to improve care outcomes. The process uses data and analytics to drive better patient care and business outcomes.>

5. The availability of primary care medical homes (PCMH) is a concern when developing integrated health care systems. Which is a specific access standard requirement?
a. Daily business hours are extended from the usual 8 hours to 12 hours for better access.
b. The access needs and preferences of the patient population being served are assessed. Typically telephone access must be available 24 hours a day.
c. Appointments for routine and urgent care needs are set within 48 hours of a patient's request.
d. Health care advice is provided by a professional care giver regardless of when a patient calls.

<Answer: b>
<Ahead: Building a Comprehensive Delivery System >
<Feedback: When developing PCMH services in an integrated health care system, it is vital to assess the patient population being served for specific needs related to access and preferences. Providing routine and urgent appointments outside of regular business hours to meet patients' needs is important; however, specific hours and types of availability depend on population needs. 24 hour phone access is a usual requirement. Providing same-day appointments for routine and urgent care to meet identified patients' needs is sometimes a standards requirement. Providing

timely clinical advice by telephone is a more realistic standard requirement than having a professional care giver available regardless of the time a patient calls.>

6. Which is a benefit for nurses employed by a health care organization that is becoming an integrated health care system?
a. Nurses and physicians will be equally identified players in all facets of the system.
b. Nurses and other clinical staff will share in a gainsharing program from financial savings.
c. Nurses will play an important role in clinical redesign work needed in an integrated system.
d. Nurses in clinical settings will be compensated at a higher rate than nurses in leadership roles.

<Answer: c>
<Ahead: Building a Comprehensive Delivery System>
<Feedback: Nurses are often at the core of clinical redesign work when a health care organization is becoming an integrated health care system. Much of the integrated delivery model literature focuses on the integration of physicians, and physicians and nurse are not identified as equal players. Unless system-affiliated medical practices have a gainsharing program of some sort, nurses and other clinical staff seldom share in the financial savings, which typically accrue to the hospital and its affiliated physicians. There is no indication that nurses in clinical setting will be compensated at a higher rate than nurses in leadership roles.>

7. One method for ensuring connections between physicians in integrated systems is the “care compact.” Which element is included in a care compact?
a. A formal letter from the referring physician to a specialist about the patient
b. An understanding that the referring physician is relinquishing the patient’s care
c. Set clear expectations for two way, “closed loop communication” between referring physician and specialist
d. A detailed recommendation from the referring physician identifying preferred patient treatment

<Answer: c>
<Ahead: Population Health Practices in Integrated Delivery Systems>
<Feedback: In a care compact for specialty referrals, through the process of two-way communication between the referring physician and specialist, the specialist communicates his/her findings to the referring physician and the referring physician notifies the specialist if the patient’s symptoms are under control and specialty visits can be stopped. The care compact concept is an updated version of the traditional letter sent from a referring physician to a specialist. A pre-consultation exchange is needed to define the reason for the referral, the clinical findings, and the level of joint care management that will occur. The referring physician may be turning care over to the specialist or simply asking for a one-time consult with return information. The purpose of the care compact is to seek the opinion of a specialist regarding patient care needs.>

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True/False

8. An integrated health care delivery system manages groups of patients who represent broad and variable cultures, characteristics, and health needs within a specific geographic population.
a. True
b. False

<Answer: False>
<Ahead: Defining Integrated Care>
<Feedback: Integrated delivery systems manage groups of patients with like characteristics (populations).These characteristics might include a common diagnosis or a group of patients who receive care from a specific source such as a medical practice.>

9. In most health care delivery systems, “stake-holder” is synonymous with “physician.”
a. True
b. False

<Answer: True>
<Ahead: Integrated Delivery Business Strategies>
<Feedback: A business strategy for most health care delivery systems, and specifically for integrated delivery, is stakeholder buy-in. The stakeholder buy-in includes engagement, involvement in decision making, and aligned incentives. In most of these systems, “stake-holder” is synonymous with “physician.”>

10. The creation of an effective integrated care system is not an easy process, but the abundance of literature and regulations eases the process.
a. True
b. False

<Answer: False>
<Ahead: Integrated Delivery System Pitfalls and Obstacles>
<Feedback: Systems wanting to initiate an integrated care system require capital, highly sophisticated expertise, the will to integrate, a clear brand and marketing strategy, willing and capable clinicians, and payment mechanisms that support integration. The process is difficult and complicated by significant pitfalls and obstacles.>