Test Bank for The Global Healthcare Manager Competencies Concepts and Skills 1st Counte

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1. ch12-001
Individuals living alone without a family member to provide for their caregiving needs are sometimes known as what?

a. Older adults
b. Homeless adults
*c. Elder orphans
d. Adults with disabilities

2. ch12-002
Which is the most common living arrangement for older adults in developing countries?

*a. Co-residence
b. Nursing homes
c. Assisted living facilities

3. ch12-003
What is the Butterfly model of care?

a. A layout model for nursing facilities
*b. A model emphasizing the importance of emotional intelligence in dementia care
c. A model for promoting fine arts in nursing homes
d. A model that will soon replace methods of care in the United States

4. ch12-004
Which workforce group is among the most solicited and sought out in long-term care worldwide?

a. Facility administrators
b. Direct care workers
c. Aides
*d. Both b and c

5. ch12-005
Which of the following contributes to high turnover rates for direct care workers?

a. No demand for them
b. No older adults requiring services
*c. Lack of respect and value
d. Lack of supplies

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6. ch12-006
Which of the following is not a long-term care services delivery system?

a. Universal coverage
*b. Formal system
c. Mandatory insurance program
d. Mixed approach, with both public means-tested elements and private insurance

7. ch12-007
The CCRC concept was adopted in which of the following countries?

a. Japan
b. Thailand
*c. China
d. Sweden

8. ch12-008
Medicaid is *not* based on which of the following?

a. Income
b. Household structure
*c. Medical history
d. Personal assets

9. ch12-009
Which of the following countries rarely, if ever, provides support for informal caregivers?

a. Sweden
b. Japan
c. United States
*d. China

10. ch12-010
Japan does not practice filial piety as a source of caregiving.

a. True
*b. False

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11. ch12-011
Adults with chronic and disabling conditions are the only individuals requiring skilled nursing care in their older years.

a. True
*b. False

12. ch12-012
Alzheimer's disease and dementia are synonymous and the same thing.

a. True
*b. False

13. ch12-013
China has two systems that provide care to its older adults.

*a. True
b. False

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1. ch02-001
The Canadian healthcare financing system relies on the government to set payment rates for private providers. Government setting of rates for private providers is most commonly associated with what type of global system?

a. Bismarck model
b. Beveridge model
c. Social insurance model.
*d. National insurance model
e. Universal healthcare
f. Private pay or out-of-pocket system

2. ch02-002
A Keynesian approach to holding down national health expenditures would be likely to include which of the following initiatives?

a. Removing information asymmetries to encourage patients to shop for services
b. Limiting the number of PET scanners within a given community
c. Instituting a high-deductible health plan
d. Placing a cap on the maximum price a physician can charge for a service
e. Both a and c
*f. Both b and d

3. ch02-003
National healthcare expenditures vary significantly by country. Even after reporting the expenditures on a per capita basis, the variances persist. From a macroeconomic perspective, what accounts for the differences in per capita healthcare spending?

a. The population of the country
b. The intensity of utilization per person
c. The price of services rendered
*d. Both b and c
e. All of the above

4. ch02-004
Why does participation in a private insurance market require a risk-averse population?

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a. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting health status risk.
*b. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of covering loading factors.
c. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting population health risks.
d. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting medical care risk.
e. Private insurance markets only require a risk-neutral population.

5. ch02-005
In a fee-for-service payment model, physicians have a financial incentive to

a. decrease the number of services they provide, which will drive down national health expenditures.
*b. increase the intensity of utilization for a patient, which will increase national health expenditures.
c. decrease medical care risk for an individual patient.
d. treat the patient exactly the same as under a prospective payment model.
e. decrease the health status risk for the patient.

6. ch02-006
How might a social insurance model generate the majority of the revenue needed to cover medical expenses for a given population?

a. Direct taxes
b. Indirect taxes
c. International grants
*d. Employment taxes
e. Revenues from state-owned enterprises

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f. Consumption taxes

7. ch02-007
In general, restrictions on the availability of healthcare services

a. increase unit prices and the quantity of services demanded.
b. decrease unit prices and the quantity of services demanded.
c. increase the price paid but decrease the quantity rendered.
d. are typically paired with price controls to limit the impact on patients.
*e. Choices c and d
f. Choices b and d

8. ch02-008
Preexisting conditions

a. increase medical care risk for the sponsoring entity.
*b. increase health status risk for the sponsoring entity.
c. increase the risk premium for the sponsoring entity.
d. Both a and b
e. Both b and c
f. All of the above

9. ch02-009
Medical care risk is most closely associated with which of macroeconomic drivers of healthcare expenditures?

a. Intensity of utilization
b. Population
c. Price
*d. Both a and c
e. None of the above
f. Choices a, b, and c

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10. ch02-010
Pooling of health revenues on behalf of a population can be used to redistribute funds

a. from low-cost individuals to high-cost individuals.
b. from those working to those who have retired.
c. to cover vulnerable individuals.
d. to patients in the future.
*e. All of the above
f. None of the above

11. ch02-011
A strategic healthcare purchaser should make choices based on which of the following?

a. Population needs
b. Availability of effective medical interventions
c. The relative cost-effectiveness of interventions
d. The utilization of services
e. The quality and efficiency of services
*f. All of the above

12. ch02-012
A centrally planned healthcare system is most likely to be associated with which of the following?

a. A private insurance market
*b. Universal care
c. National insurance
d. Social insurance
e. Both a and c
f. Both b and d

13. ch02-013
Prospective payments to providers can be paired with quality measures to

*a. prevent potential underprovision of care.
b. reduce health status risk.
c. decrease population health risk.
d. All of the above
e. Choice a and b
f. Choices b and c

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14. ch02-014
Assuming the willingness to pay does not change, making participation in insurance pools voluntary will likely

a. increase the average medical costs per capita.
b. decrease the average medical costs per capita.
c. decrease the money available for loading factors or a risk premium.
d. increase the loading factors or risk premium.
e. Both a and d
*f. Both a and c

15. ch02-015
Which of the following payment mechanisms are not associated with prospective payment models?

a. Global budgets
b. Capitation
c. Case rates
d. Diagnosis-related groups
e. Composite rates
*f. None of the above

16. ch02-016
To constrain national healthcare expenditures, governments have been moving to pay specialists and acute care hospitals on a FFS basis.

a. True
*b. False

17. ch02-017
Privately financed healthcare accounts for the majority of global healthcare expenditures.

a. True
*b. False

18. ch02-018
Health insurance works (in aggregate) because it guarantees individuals a higher utility relative to not having the insurance coverage.

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*a. True
b. False

19. ch02-019
Private insurance or out-of-pocket insurance is consistent with lower national health expenditures and higher-quality care.

a. True
*b. False

20. ch02-020
Health insurance transfers a contingent loss in exchange for a fee or premium.

*a. True
b. False

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