Economics of Healthcare and Mttpsall@ald@execonomicsof-health-and-medical-care-7e-hicks Chapter 2—Output of the Healthcare Sector

Multiple Choice

- 1. A general measure of hospital utilization is:
- A) Complexity of procedures performed.
- B) Hospital discharges per 10,000 population.
- C) Intensity of services available in hospitals.
- D) A and C.

Ans: B

Complexity:

Ahead:

Subject: Chapter 2

- 2. The decline in hospital days per 10,000 population between 1980 and 2007 reflects:
- A) An increase in number of times individuals were admitted/discharged from the hospital.
- B) A decrease in the average length of time they stayed in the hospital once admitted.
- C) A decrease in number of times individuals were admitted/discharged from the hospital.
- D) A and B.
- E) B and C.

Ans: E

Complexity:

Ahead:

Subject: Chapter 2

- 3. If the expected age of death for a male aged 20 is 75, then a 20-year-old man who dies is considered to have lost how many years of life?
- A) 20 years of life
- B) 75 years of life
- C) 55 years of life
- D) None of the above

Ans: C

Complexity:

Ahead:

Subject: Chapter 2

- 4. If a person has a medical condition that has a quality of life index of 0.75, and the condition persisted for two years, then the individual would experience:
- A) 0.75 QALYs during that two-year period
- B) 1.50 QALYs during that two-year period

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C) 0.25 QALYs during that two-year period D) 0.50 QALYs during that two-year period

Ans: B
Complexity:
Ahead:

Subject: Chapter 2

5. An individual has a medical problem and is being treated for 10 weeks, after which quality of life will return to normal. During the 10 weeks, the individual has a quality of life of 0.4 for the first three weeks and 0.8 for the remaining seven weeks. The individual's total adjusted quality of life for the 10 weeks is:

A) 6.8

B) 1.2

C) 5.1

D) 0.6

Ans: A

Complexity:

Ahead:

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True/False

1. Medical care is the process of combining certain inputs to yield an output.

Ans: True Complexity: Ahead:

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2. Structural quality refers to what is actually done in the provision and receipt of care.

Ans: False Complexity: Ahead:

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3. DRGs are a patient classification system.

Ans: True

Economics of Healthcare and Medical Care, Seventh Edition Lanis Hicks, PhD Chapter 2—Output of the Healthcare Sector Complexity: Ahead: Subject: Chapter 2 4. Crude rates are numbers of events that occurred. Ans: True Complexity: Ahead: Subject: Chapter 2 5. Crude rates enable better comparisons among populations. Ans: False Complexity: Ahead: Subject: Chapter 2 6. Unemployed adults are the major contributor to the uninsured adult population under age 65. Ans: False Complexity: Ahead: Subject: Chapter 2 7. Premature deaths occur at an age later than the target age.

Ans: False Complexity: Ahead:

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Short Answer

1. What are the two ways the processes generated within the healthcare system can be viewed? Ans: The first approach is to directly examine factors that influence health. The second approach measures how much health is being produced. Complexity:

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Ahead:

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2. Why is survival time considered to be a good indicator of health status?

Ans: Survival-time indicators place emphasis on the duration component of health status a person's well-being is a function of the time spent in each health state, not merely the health state at a given moment in time.

Complexity:

Ahead:

Subject: Chapter 2

3. What are the three components of health as defined by the World Health Organization?

Ans: 1) physical well-being; 2) mental well-being, and 3) social well-being.

Complexity:

Ahead:

Subject: Chapter 2