

TRUE/FALSE

1. In primitive times, most of the health care was handled by medicine men or shamans.

ANS: T PTS: 1 REF: knowledge

2. The development of medical specialization occurred prior to WWI.

ANS: F
It occurred after WWII.

PTS: 1 REF: knowledge

3. The mentally ill were at one time housed in poorhouses or prisons.

ANS: T PTS: 1 REF: knowledge

4. An IPA is a prepaid, organized system for providing comprehensive health care services within a geographic area to all persons under contract.

ANS: F
This is the definition for an HMO. An IPA consists of a network of participating hospitals, physicians, medical groups, and other providers who contract with a sponsor to provide services to those enrolled.

PTS: 1 REF: knowledge

5. Mental illness can result from the inability to cope effectively with the recurrent stresses of living in today's world.

ANS: T PTS: 1 REF: comprehension

6. Belonging to one's professional association is an important way of finding current information and learning about changes in one's chosen field.

ANS: T PTS: 1 REF: comprehension

7. Voluntary health agencies are governmental organizations created to perform public work in health care through private means.

ANS: F
They are nongovernmental organizations.

PTS: 1 REF: knowledge

8. A D.O. must be supervised by an M.D.

ANS: F
They pass the same licensing boards and function similarly.

PTS: 1 REF: knowledge

9. A nurse is an allied health professional.

ANS: F

An allied health professional is an individual, other than a physician, dentist, podiatrist, chiropractor, optometrist, nurse, or physician assistant, who has graduated from an educational program in a science relating to health care and who shares the responsibility for the delivery of health care services to the patient with clinicians.

PTS: 1 REF: knowledge

10. Bylaws are the framework used to identify the roles and responsibilities of the board and its members.

ANS: T PTS: 1 REF: knowledge

11. The CFO (Chief Financial Officer) reports directly to the governing board for the success of the facility.

ANS: F

The CFO assists the CEO; the CEO reports directly to the governing board.

PTS: 1

12. Accreditation is directly tied to the ability of the facility to attract patients and receive reimbursement.

ANS: T PTS: 1

13. Fringe benefits are part of every employee's hiring package.

ANS: F

Many employees receive only the hourly rate for work and receive no supplemental benefits.

PTS: 1

14. The fee-for-service basis is the primary method used by managed care.

ANS: F

Although some fee-for-service is used by IPAs, it is infrequent; most managed care uses a capitation method or a predetermined amount for services.

PTS: 1 REF: knowledge

15. Tracer methodology is used by JCAHO.

ANS: T PTS: 1 REF: knowledge

16. Outsourcing refers to the delegation of health care operations from internal production of a business to an external entity that specializes in an operation.

ANS: F

Only non-care operations are outsourced; health care operations are not outsourced.

PTS: 1 REF: comprehension

17. Sigmund Freud, Alfred Adler, and Carl Jung contributed to the reform of how mentally ill patients were treated.

ANS: T PTS: 1 REF: knowledge

18. Capitation is a fixed amount per person paid to the physician for health care services.

ANS: T PTS: 1

19. Managed Care allows an individual who is buying a high deductible insurance coverage to save money for out-of-pocket costs tax-free accounts.

ANS: F PTS: 1

20. Center for Medicare and Medicaid Services administers the Medicare and Medicaid programs.

ANS: T PTS: 1

21. Licensing controls the number of individuals who are permitted to practice an occupation or provide a service.

ANS: T PTS: 1

22. Tertiary care is care provided by a specialist, often at the request of the primary care physician.

ANS: F PTS: 1

23. Both the JC and the AOA accredit health care entities beyond the hospital setting such as behavioral health and home health.

ANS: T PTS: 1

24. Public health focuses on the social and behavioral aspects of life that affect a person's health.

ANS: T PTS: 1

MULTIPLE CHOICE

1. Which of the following statements most accurately describes the health care delivery system?
- It has changed little over the last decade.
 - It is both varied and complex.
 - It will need a major overhaul to be effective.

ANS: B PTS: 1 REF: knowledge

2. Which of the following has proven to be the most relevant to the development of treatments to improve or cure disease?
- connection between cause and effect

- b. connection between nature and disease
- c. connection between supernatural and disease
- d. connection between diseases and punishing forces

ANS: A PTS: 1 REF: knowledge

3. A coworker states he is licensed to practice in his field. What does this mean?
- a. He has the right, which was conferred by a governmental entity, to practice an occupation or provide a service.
 - b. He has purchased a certificate stating he is licensed to practice through a private agency.
 - c. He has completed the educational requirements and a practicum in his field of study.
 - d. None of these statements adequately defines licensing.

ANS: A PTS: 1 REF: application

4. You discover that in evaluating which college to attend that some are and some are not accredited. What does accreditation mean?
- a. The college has received a license to offer the specified coursework.
 - b. The college has met certain size and population requirements.
 - c. An external entity has reviewed the program of study to determine if the program meets certain predetermined standards.

ANS: C PTS: 1 REF: application

5. At age 65, a U.S. citizen qualifies for
- a. MediCal
 - b. Medicaid
 - c. Medicare

ANS: C PTS: 1 REF: comprehension

6. Which of the following best describes a health savings account (HSA)?
- a. It refers to a means of tracing the delivery of the patient's care through the health record and interviews.
 - b. It allows individuals to save money for health care costs in tax-free accounts.
 - c. With an HSA, there is a delegation of non-care operations from internal production to an external entity.

ANS: B PTS: 1 REF: comprehension

7. The continuum of care refers to
- a. the coordination of all aspects of the patient's health care
 - b. the care provided by the health care professional at the initial point of contact
 - c. matching an individuals's ongoing needs with the appropriate level and type of care
 - d. ensuring that the same professionals care for the patient to maintain continuity of care

ANS: C PTS: 1 REF: application

8. A patient is referred to a cardiologist for further evaluation. This is what type of care?
- a. primary
 - b. secondary
 - c. tertiary
 - d. quaternary

ANS: B PTS: 1 REF: application

9. Which of the following would be the primary administrator of a hospital?
- a. CEO
 - b. CFO
 - c. CIO
 - d. COO

ANS: A PTS: 1 REF: knowledge

10. A patient is transferred to a long-term care facility. What does this tell you about the patient?
- a. The patient is no longer in need of acute care but does need continued nursing service in a facility.
 - b. The patient needs to restore functional abilities.
 - c. The patient needs end-of-life care as they can no longer care for themselves at home.

ANS: A PTS: 1 REF: application

11. A patient goes in for minor surgery and is discharged within 24 hours. What type of care is best described by this scenario?
- a. rehabilitation care
 - b. ambulatory health care
 - c. tertiary care

ANS: B PTS: 1 REF: application

12. Full privileges, rights, and responsibilities are granted to active members of the medical staff. What is granted to a junior physician or to those who wish to become active medical staff members upon existence of a vacancy?
- a. courtesy staff privileges
 - b. consulting staff privileges
 - c. associate staff privileges
 - d. temporary or provisional privileges

ANS: C PTS: 1 REF: application

13. Medical Record Committees review records for all of the following EXCEPT:
- a. Accuracy
 - b. Authentication
 - c. Completeness
 - d. Timeliness

ANS: B PTS: 1

14. In what year did congress pass the Hospital Survey and Construction Act?
- a. 1945
 - b. 1946
 - c. 1950
 - d. 1955

ANS: B PTS: 1

15. A program designed to provide coverage of health care to people of low-income, pregnant, and disabled people.
- a. Medicaid
 - b. Medicare
 - c. Fee For Service
 - d. HMO

ANS: A PTS: 1

16. As Egyptian civilization declined, other civilizations adopted and expanded the Egyptians' knowledge of medicine, Arabians refined the concept of
- Public hygiene.
 - Punishments for malpractice.
 - Pharmacology.
 - Physician practice.

ANS: C PTS: 1

17. Religious orders established hospitals to offer hospitality and refuge to the old, and
- Disabled.
 - Homeless pilgrims.
 - REST and shelter.
 - both b and c, not a.
 - both a and b, not c.

ANS: E PTS: 1

18. What are the three main types of managed care arrangements?
- HMO, PPO, IPA
 - HMO, PPO, POS
 - PPO, IRA, POS
 - PPO, POS, HMO

ANS: A PTS: 1

19. A PPO consists of a
- participating physician on a capitated basis, and others on a fee-for-service basis.
 - primary physician who serves as the "gatekeeper" and authorizes patient access to specialists and other services as necessary.
 - network of participating hospitals, physicians, medical groups, and other providers who contract with a sponsor.

ANS: C PTS: 1

20. Individuals who buy high-deductible insurance coverage to save money for out-of-pocket costs in tax-free accounts are called
- HMO.
 - PPO.
 - FFS.
 - HAS.

ANS: D PTS: 1

21. Who wrote the first psychiatric textbook in the United States, *Diseases of the Mind*?
- Dorothea Dix
 - Alfred Adler
 - Benjamin Rush
 - Sigmund Freud

ANS: C PTS: 1

22. What is the term for care given to patients who are not confined to an institutional bed as inpatients at the time care is rendered?
- a. Home Health
 - b. Ambulatory
 - c. Palliative
 - d. Both a and b, not c

ANS: B PTS: 1

23. Who has the ultimate authority and responsibility for operation of the hospital?
- a. Physicians
 - b. CEO
 - c. Board of Directors

ANS: C PTS: 1

24. Refers to a right conferred by a governmental entity to practice an occupation or provide a service
- a. Licensure
 - b. Accreditation
 - c. Bylaws
 - d. Rules

ANS: A PTS: 1

25. Since some men were considered unable to fight due to mental deficiencies, the military became interested in mental health during which war?
- a. War of 1812
 - b. World War I
 - c. World War II
 - d. None of these

ANS: B PTS: 1

COMPLETION

1. _____ care is the most complex level of medical and surgical care available.

ANS: Quaternary

PTS: 1 REF: knowledge

2. Three main types of managed care arrangements have proliferated in the United States. They are

_____, _____, _____, _____, and _____.

ANS:

HMO, IPA, PPO

Health Maintenance Organizations, Independent Practice Associations, Preferred Provider Organizations

PTS: 1 REF: knowledge

3. The health care discipline that would deal with achieving better sanitation, the growing of food, and the conditions of work is _____ health.

ANS: public

PTS: 1 REF: knowledge

4. _____ is a community-based group of independent practitioners who contract to provide care for prepaid individuals.

ANS: IPA

PTS: 1

5. _____ allows an individual who is buying a high-deductible insurance coverage to save money for out-of-pocket costs in tax-free accounts.

ANS: Health Savings Plan

PTS: 1

6. _____ is a fixed amount per person paid to the physician for health care services.

ANS: Capitation

PTS: 1

7. Health care is generally delivered in two ways: _____ and _____.

ANS: ambulatory care, inpatient settings

PTS: 1

8. Two organizations that play a role in health care accreditations are _____ and _____.

ANS: Joint Commission, American Osteopathic Association

PTS: 1

9. _____ is the process by which an external entity reviews an organization or program study to determine if the organization or program meets certain predetermined standards.

ANS: Accreditation

PTS: 1

10. _____ revolutionized the financing of health care services by introducing the concept of a prospective payment system that sets limitations on reimbursement based on the use of diagnosis-related groups.

ANS: TEFRA

PTS: 1

11. _____ enrolled population will receive health care services through either a prepayment or discounted fee-for-services arrangement.

ANS: Managed Care's

PTS: 1

12. _____ refers to the delegation of non-care operations from internal production of a business to an external entity that specializes in an operation.

ANS: Outsourcing

PTS: 1

13. _____ is a health care discipline dealing with the community at large, focused on protecting and improving community health by organized community effort and preventive delivery of medical, social, and sanitary services.

ANS: Public Health

PTS: 1

14. _____ administer programs for the prevention and control of communicable and vector-borne diseases and other preventable conditions.

ANS: Centers for Disease Control and Prevention

PTS: 1

15. _____ administers the Medicare and Medicaid programs.

ANS: Center for Medicare and Medicaid Services

PTS: 1

MATCHING

Match the term with its descriptor.

- a. long-term care facility
- b. generalists

- f. chiropractor
- g. podiatrist

- | | |
|---------------------------------|----------------|
| c. rehabilitation care facility | h. dentist |
| d. specialists | i. nurse |
| e. physician assistant | j. optometrist |

1. institution offering health care services to patients who need to restore their functional abilities
2. physicians who limit their practice to a particular branch of medicine or surgery
3. institution offering health care to patients who are not in an acute episode of illness & need continuous nursing service in an inpatient setting
4. provides patient services under the direction and supervision of a physician or surgeon
5. physicians who conduct a wide or unlimited practice
6. concerned with diagnosing, treating, and preventing abnormal foot conditions
7. treats the body's structural and neurological systems
8. works with the teeth, oral cavity, and associated structures of the mouth
9. diagnoses and provides selective eye treatment
10. provides services essential to the promotion, maintenance, and restoration of health and well-being and prevention of illness

- | | | |
|------------|--------|----------------|
| 1. ANS: B | PTS: 1 | REF: knowledge |
| 2. ANS: D | PTS: 1 | REF: knowledge |
| 3. ANS: A | PTS: 1 | REF: knowledge |
| 4. ANS: E | PTS: 1 | REF: knowledge |
| 5. ANS: C | PTS: 1 | REF: knowledge |
| 6. ANS: G | PTS: 1 | REF: knowledge |
| 7. ANS: F | PTS: 1 | REF: knowledge |
| 8. ANS: H | PTS: 1 | REF: knowledge |
| 9. ANS: J | PTS: 1 | REF: knowledge |
| 10. ANS: I | PTS: 1 | REF: knowledge |

Match the term with the best descriptor.

- | | |
|-----------------|------------------------------|
| a. registration | e. clinical privileges |
| b. bylaws | f. credentialing process |
| c. rules | g. medical staff coordinator |
| d. regulations | |

11. framework used to identify the roles and responsibilities of the board and its members
12. prescribed courses of action which arise from law, principle, or custom
13. principles established by authorities, prescribing or directing certain action or forbearance from action
14. limits set by the governing boards
15. the actions of a nongovernmental entity to recognize those individuals who meet specified standards such as education and experience
16. process of obtaining written proof of qualifications
17. coordinates all efforts related to procuring written documentation of a physician's qualifications to provide clinical services

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|------------|--------|----------------|
| 11. ANS: B | PTS: 1 | REF: knowledge |
| 12. ANS: D | PTS: 1 | REF: knowledge |
| 13. ANS: C | PTS: 1 | REF: knowledge |
| 14. ANS: E | PTS: 1 | REF: knowledge |
| 15. ANS: A | PTS: 1 | REF: knowledge |
| 16. ANS: F | PTS: 1 | REF: knowledge |
| 17. ANS: G | PTS: 1 | REF: knowledge |

SHORT ANSWER

1. Prior to the 1960s, those portions of the general population who had health insurance obtained it as a fringe benefit of their employment. This excluded two portions of the general population. In response, the federal government amended the Social Security Act in 1965 to provide two government subsidized health care programs. What are these two programs and what population do they cover?

ANS:

Medicare - persons over the age of 65

Medicaid - poor or impoverished persons

PTS: 1

REF: knowledge

2. The second stage of medical improvements began in 1900s, along with major scientific advances. List the three scientific advances.

ANS:

Discoveries of insulin, penicillin, and the role vitamins play in disease prevention.

PTS: 1

3. Explain the three main types of managed care arrangements that have proliferated in the United States.

ANS:

An HMO is a prepaid, organized system for providing comprehensive health care services within a geographic area to all persons under contract, emphasizing preventive medicine. An IPA is a community-based group of independent practitioners who contract to provide care for prepaid, enrolled individuals. A PPO consists of a network of participating hospitals, physicians, medical groups, and other providers who contract with a sponsor, such as an insurance company or employer, to provide services to those enrolled in the PPO.

PTS: 1

4. How do the terms *licensing*, *registration*, and *accreditation* differ?

ANS:

Licensing refers to a right conferred by a governmental entity to practice an occupation or provide a service. Licensing controls the number of individuals who are permitted to practice an occupation or provide a service. Registration refers to the actions of a nongovernmental entity such as a professional association to recognize those individuals who meet specified standards such as education and experience. Accreditation is the process by which an external entity reviews an organization or program of study to determine if the organization or program meets certain predetermined standards.

PTS: 1

5. What is the role of a medical staff coordinator?

ANS:

A medical staff coordinator oversees a complex series of steps related to the privileges and credentialing processes and who coordinates all efforts related to procuring written documentation of a physician's qualifications to provide clinical services.

PTS: 1

6. The National Practitioner Data Bank collects what type of information on physicians?

ANS:

Professional conduct and competency, reportable actions taken by state boards of medical examiners and health care entities, and malpractice payments.

PTS: 1