

# HM 510 – Health Care Delivery Systems

## Exam Instructions

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- Before attempting, carefully read the question text.
- Then choose the correct answer.
- Click on **“Next”** to go to the next question.
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- Bookmark difficult questions to return to them later.
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Full Name:

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**1. Attributes of Complex Adaptive Systems include which of the following?**

- A) Agents, interconnections, self-organization, emergence, and co-evolution
- B) Functionality, usability, reliability, performance, and supportability
- C) Dependability, efficiency, predictability, reliability, and responsiveness
- D) Nonlinearity, emergence, spontaneous order, adaptation, and feedback loops

**2. Health determinants include which of the following five categories?**

- A) Genetics, behavior, environmental and physical influences, medical care, and social factors
- B) Material circumstances, psychosocial circumstances, health status, and behavioral and biological factors
- C) Social, economic, cultural, and physical environments and education
- D) Policymaking, social factors, health services, individual behavior, and biology and genetics

**3. The Institute for Healthcare Improvement developed a framework for healthcare improvement in response to increasing healthcare costs, quality concerns, chronic health conditions, and an aging population. This framework best describes:**

- A) Triple Aim.
- B) Framework for Safe, Reliable, and Effective Care.
- C) Framework for Improving Health Equity.
- D) Model for Improvement.

**4.** The Institute for Healthcare Improvement Triple Aim for Populations consists of which of the following dimensions?

- A) Population health
- B) Per capita cost
- C) Experience of care
- D) All of the above

**5.** The United States does not have a well-integrated and coordinated healthcare delivery system everyone enjoys. Which of the following describes the major subsystems of United States Healthcare Delivery?

- A) Seeks to achieve efficiency by integrating the basic functions of healthcare delivery
- B) There are multiple subsystems developed either through market forces or as a result of policy initiatives to address the needs of certain population segments.
- C) Employs mechanisms to control (manage) utilization of medical services
- D) Determines the price at which the services are purchased and how much the providers get paid

**6.** Basic characteristics that differentiate the United States healthcare delivery system from that of other countries include which of the following?

- A) No central governing agency and little integration and coordination
- B) A technology-driven delivery system focusing on acute care
- C) Delivery of health care under imperfect market conditions
- D) All of the above

**7.** An integrated delivery system (IDS) is best described as:

- A) a vertically integrated health service networks that include physicians, hospitals, post-acute services, and sometimes offer health insurance.
- B) a network of organizations that provides, or arranges to provide, a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the outcomes and health status of that population.
- C) an organized, coordinated, and collaborative network that links various healthcare providers to provide a coordinated, vertical continuum of services to a particular patient population or community.
- D) an organization or group of healthcare providers, which aligns local healthcare facilities and manages them with one governing board through ownership or formal agreements.

**8.** Following World War II, the federal government excluded health insurance benefits from wages and excluded workers' contributions to health insurance from taxable income. What was one of the effects of this?

- A) It enabled employees to accept wage increases in the form of cash instead of health benefits.
- B) It lowered the costs of health care in the decades after World War II.
- C) It restricted aid to the states for public health and welfare assistance, maternal and child health, and children with disabilities services.

- D) It enabled employees to take wage increases in the form of health insurance fringe benefits rather than cash.

**9.** Which of the following is *not* one of the three major healthcare concerns?

- A) Cost
- B) Quality
- C) Choice
- D) Access

**10.** One of the most significant health policy changes of the past decades occurred with the Reagan administrations. Which of the following answers accurately describes the policy change?

- A) Implementation of the Medicare prospective payment system in hospitals
- B) Provided block grants for specific programs, that a state or local government may use at its discretion
- C) Provided access to many desperately needed health care services for older Americans, people with disabilities, and low-income populations
- D) Promoted comprehensive planning for rational systems of healthcare personnel and facilities in designated regions

**11.** Five major groups have played key roles in debates on tax-funded health services: providers, insurers, consumers, \_\_\_\_\_, and \_\_\_\_\_.

- A) business; labor
- B) hospitals; physicians
- C) physicians; AMA
- D) lobbyists; hospitals

**12.** To ensure that premium dollars are spent primarily on health care, insurers are required to spend at least \_\_\_\_\_ percent of all premium dollars on healthcare services and healthcare quality improvement.

- A) 90
- B) 65
- C) 70
- D) 85

**13.** The Medicare prospective payment system in hospitals is based on:

- A) diagnosis-related groups (DRGs).
- B) health maintenance organizations (HMOs).
- C) the American Medical Association (AMA).
- D) the Health Insurance Portability and Accountability Act (HIPAA).

- 14.** Which of the following is one of the principal entities through which the federal government enacts its responsibilities in promoting and maintaining health?
- A) The Department of Health and Human Services (HHS)
  - B) The Veterans Health System (a component of the Department of Veterans Affairs)
  - C) The Department of Defense Military Health System
  - D) All of the above
- 15.** The primary public health and social service agency of the United States is the:
- A) Environmental Protection Agency (EPA).
  - B) Department of Homeland Security (DHS).
  - C) Department of Health and Human Services (HHS).
  - D) Occupational Safety and Health Administration (OSHA).
- 16.** The incredible growth in scope and scale of the Cleveland Clinics over the last decade and how the Mayo Clinics are now multistate describe which concept of complex adaptive systems?
- A) Complex systems tend to be self-stabilizing
  - B) Complex systems are purposeful.
  - C) Complex systems are capable of using feedback to modify their behavior.
  - D) Complex systems are capable of replicating, maintaining, repairing, and organizing themselves.
- 17.** The various units of the National Institutes of Health remaining on the cutting edge of research within their domain while also serving the larger purpose and mission of medical research describes which concept of complex adaptive systems?
- A) Complex systems tend to be self-stabilizing.
  - B) Complex systems are purposeful.
  - C) Complex systems are capable of using feedback to modify their behavior.
  - D) Complex systems are capable of replicating, maintaining, repairing, and organizing themselves.
- 18.** The National Health Expenditure is projected to grow at an average annual growth rate of \_\_\_\_% between 2019 and 2028 and reach \_\_\_\_\_ trillion by 2028.
- A) 6.0, \$3.4
  - B) 4.7, \$4.4
  - C) 6.5, \$3.0
  - D) 5.2, \$6.2
- 19.** According to the most recent federal data, \_\_\_\_\_ account for more than one-third of all hospital stays and nearly one-half of all days of hospital care.
- A) persons over the age of 65
  - B) persons under the age of 65

- C) persons 55 and over
- D) None of the above are correct

**20.** A point-of-service (POS) plan is best described as:

- A) an HMO plan.
- B) a PPO plan.
- C) a hybrid HMO and PPO plan.
- D) an MCO plan.

**21.** A Medicare Cost Containment and Quality policy change in 2008 required the CMS to identify conditions that:

- A) are high-cost and/or high volume.
- B) result in the assignment of a case to a higher payment DRG when the condition is a secondary diagnosis.
- C) could reasonably have been prevented through the use of evidence-based treatment guidelines.
- D) All of the above

**22.** The intent of the Readmissions Reduction Program is to:

- A) enable collaboration and redirection of patients to the best care settings available.
- B) improve the quality and continuity of care beyond the acute episode that resulted in the initial hospitalization.
- C) use social determinants of health and analytics to transform care management in real-time.
- D) combat excessive and costly readmissions.

**23.** Which of the following statements best illustrates that an uninsured population persists in the United States?

- A) A lack of employer-sponsored insurance coverage options
- B) Cost prohibitive or lack of affordable employer-sponsored insurance or other private insurance options
- C) A lack of Medicaid expansion in some states
- D) All of the above

**24.** The healthcare workforce plays an important role in influencing healthcare delivery in the United States, particularly related to:

- A) cost.
- B) quality.
- C) access.
- D) All of the above

**25.** Healthcare occupations are regulated, and how regulations are carried out varies from \_\_\_\_\_ to state.

- A) federal
- B) state
- C) local
- D) state-to-state compact

**26.** Which of the following accurately describes factors that influence the demand for healthcare professionals?

- A) Changing nature of the disease, disability, and treatment
- B) Physician supply, technology
- C) Expansion of ambulatory and home-based care
- D) All of the above

**27.** Which of the following describes the similarities between a Doctor of Medicine and a Doctor of Osteopathic Medicine?

- A) May use all accepted methods of treatment, including pharmaceutical drugs and surgery
- B) All states require physicians to hold a license to practice medicine.
- C) Physicians must attend an accredited school that awards a Doctor of Medicine or a Doctor of Osteopathic Medicine degree.
- D) All of the above

**28.** A physician residency training program is best described as:

- A) a program enabling medical school graduates to become familiar with a population's needs in a specific geographic area.
- B) an accredited training program of at least 3 years post-medical school to prepare physicians to practice in a medical specialty.
- C) specialized training in the business operations of medical practice.
- D) the first opportunity for medical students to have actual contact with patients.

**29.** Maintenance of certification involves all of the following, *except*:

- A) a program designed to help healthcare professionals keep up with the constantly changing body of knowledge.
- B) tracking continuing education credits for attendance at scientific conferences and periodic recertification board exams.
- C) a requirement by most states to maintain licensure to practice in a state.
- D) practice-improvement activity requirements.

**30.** Which of the following distinguishes acute care hospitals from long-term care facilities such as nursing homes, rehabilitation centers, and psychiatric hospitals?

- A) The average length of stay for patients is less than 30 days.
- B) The average length of stay for patients is less than 5 days.
- C) The average length of stay for patients is greater than 30 days.
- D) The average length of stay for patients is less than 5 days.

**31.** Which of the following correctly lists types of hospitals?

- A) Nongovernment not-for-profit community hospitals, investor-owned (for-profit) community hospitals
- B) State and local government community hospitals, federal government hospitals, or VA hospitals
- C) Nonfederal psychiatric hospitals, prison hospitals, college infirmaries
- D) All of the above

**32.** How do hospitals maintain American College of Graduate Medical Education accreditation?

- A) Program directors are responsible for maintaining their training program's accreditation.
- B) Programs maintain extensive records documenting all trainees and their educational activities.
- C) Programs undergo a formalized and periodic reaccreditation evaluation.
- D) All of the above

**33.** A cornerstone of the personal rights of hospitalized patients is the right to know and is referred to as:

- A) implied consent.
- B) informed consent.
- C) second opinion.
- D) legal rights.

**34.** In 2003, the AHA replaced the Patient's Bill of Rights with a brochure titled:

- A) Patient Education Pamphlet.
- B) The Patient Care Partnership.
- C) Medical Care Rights.
- D) Patient and Family Center Care.

**35.** Ambulatory care capacity has undergone exponential increases in all of the following settings, *except*:

- A) hospital-based settings.
- B) non-hospital-based settings.
- C) community centers.
- D) freestanding settings.

**36.** Hospital acquisitions of physician practices accelerated rapidly as hospitals prepared for health reform in the past decade. Creating physician networks allowed hospitals to be well-positioned to:

- A) negotiate with health plans.
- B) manage the coordination of care.
- C) monitor quality and contain costs.
- D) All of the above

**37.** Which of the following describes ambulatory surgery?

- A) Surgical and nonsurgical procedures performed on an outpatient basis
- B) Surgery that requires an overnight hospital stay
- C) Surgery performed on an inpatient
- D) None of these is correct.

**38.** Federally qualified health centers originated during Lyndon Johnson's presidency and represented a facet of that administration's social reform movement, which is best described as a:

- A) war on drugs.
- B) war on cancer.
- C) war on poverty.
- D) war on terror.

**39.** Which of the following best describes telehealth?

- The use of electronic information and telecommunications technologies to support long-distance
- A) clinical health care, patient and professional health-related education, public health, and health administration
- B) Being able to see the doctor when and where you need care
- C) Improving a patient's health by permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site
- D) None of these is correct.

**40.** Coordinated and comprehensive care and reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities, and other underserved populations best describes:

- A) federally qualified health centers.
- B) local health departments.
- C) state health departments.
- D) Public Health Ambulatory Services.

**41.** Long-term care requires a seamless continuum of care. Seamless continuum of care refers to:

- A) a comprehensive range of inpatient health services



- B) the continuous flow of high cost health services over an extended period.
- C) uninterrupted care that adjusts depending on a patient's changing needs
- D) a concept involving a sporadic, as-needed, system of care

**42.** The Social Security Act established a form of old age and survivor's insurance. Which of the following accurately describes the results of the Social Security Act?

- A) Reduced the extent of indigence frequently found in the older population
- B) Increased the amount of secure income available to older Americans for services and care in later years
- C) Allowed workers and their employers to contribute to a fund that supplemented retirement income
- D) All of the above

**43.** The Omnibus Budget Reconciliation Act of 1987 legislated new guidelines and restrictions on the use of physical and chemical restraints; established a nursing home resident bill of rights; mandated quality assurance standards; established a standard survey process; and:

- A) required effective inspections and enforcement of laws.
- B) mandated training and educational requirements for nursing home staff.
- C) prevented discrimination against patients.
- D) improved dental and psychiatric care.

**44.** Long-term care for individuals who do not require skilled nursing services and whose needs lie more in the custodial and supportive realms describes:

- A) skilled nursing facilities.
- B) nursing homes.
- C) assisted-living facilities.
- D) long-term care facilities.

**45.** Which of the following was a negative effect of changes in reimbursement mechanisms to a prospective payment system based on diagnosis-related groups?

- A) More rapid discharge of all patients from hospitals after episodes of hospitalization for acute illness
- B) Patients frequently are discharged to their homes while still requiring advanced intensive therapeutic treatments.
- C) More rapid discharge of all patients from hospitals after episodes of exacerbation of the chronic disease, progression of disability, or surgery
- D) All of the above

**46.** After the Great Depression, many local charitable agencies could no longer afford to provide care based on the almshouse tradition. The federal government began social welfare reforms best described as:

- A) developing, overseeing, and paying for long-term care services.
- B) federal aid for poor children and other dependent persons.
- C) providing financial assistance to state and local governments to take responsibility for their poor.
- D) an attempt to reform how the government dealt with the poor.

**47.** Following the Congressional hearings and simultaneous public outcry, Medicare and Medicaid guidelines and the credentialing and increased establishment and enforcement of nursing home and home care licensure were initiated. All of the following describe the actions put into place, *except*:

- A) legislation related to reporting of elder abuse.
- B) legislation to prevent false insurance claims.
- C) federal guidelines regulating the use of physical restraints.
- D) establishment of ombudsman programs.

**48.** Which of the following best describes the Recovery Movement?

- A) Attempts at operationalizing recovery models in alcohol and drugs
- B) Advocates for holistic care within the obvious context that a psychiatric illness or behavioral health issue is one aspect of a person's life
- C) A new way of conceptualizing what it means to recover from mental illness
- D) Inspired change throughout the mental health system

**49.** The World War I condition called "war neurosis" or "shell shock" is synonymous with current criteria for which of the following?

- A) Psychological trauma of warfare
- B) Posttraumatic stress disorder
- C) Psychological injury
- D) Psychological and social traumatic stress disorder

**50.** Which of the following agencies recognized the need for increased services and established psychiatric hospitals and clinics?

- A) National Institute of Mental Health
- B) National Institute of Health
- C) Veterans Affairs National
- D) Alliance on Mental Illness

**51.** Which of the following accurately lists the multiple factors associated with lack of access to behavioral health services and care?

- A) Provider geographic distribution, financial limitations, lack of or inadequate health insurance

- B) Misunderstandings about the treatability of conditions, a poorly organized care delivery system
- C) Personal and provider attitudes, cultural issues, stigma
- D) All of the above

**52.** The Mental Health Parity Act of 1996 equated aggregated lifetime limits and annual limits for mental health services with aggregate lifetime and annual limits for medical care. The law allowed for negative cost-shifting loopholes best described as:

- A) no distinction in the application of such limits between such medical and surgical benefits and mental health and substance use disorder benefits.
- B) financial requirements applicable to mental health or substance use disorder benefits.
- C) applying to substantially all medical and surgical benefits covered by the plan.
- D) setting limits on psychiatric inpatient days, prescription drugs, and outpatient visits; raising coinsurance and deductibles; and modifying the definition of medical necessity.

**53.** Population-based strategies to improve health include efforts to control epidemics, to ensure safe drinking water and food, to reduce vaccine-preventable diseases, to improve maternal and child health, and:

- A) to conduct surveillance of health problems.
- B) enabling, mediating, and advocacy.
- C) to prioritize and integrate data sources to provide better transparency into the population health.
- D) smoking bans in public places to reduce population levels of smoking.

**54.** The accrediting body for public health is:

- A) The Council on Education for Public Health.
- B) The American Public Health Association.
- C) The Association of Schools and Programs in Public Health.
- D) The World Health Organization.

**55.** The initiative called Public Health 3.0 describes:

- A) the holistic model of health is defined by a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
- B) a model and path forward for the field of public health to redefine and reinvent public health for the future.
- C) the capability of individuals, families, groups, and communities to cope successfully in the face of significant adversity or risk through a holistic model.
- D) an epidemiological model that attempts to prevent or reduce a social problem in a population by identifying risk indicators.

**56.** Which of the following best describes the National Health Objectives, Healthy People 2020 and Healthy People 2030?

- A) Yearly plans that outline key national health and health-related objectives to be accomplished during each decade
- B) Ten-year plans that outline key national health and health-related objectives to be accomplished during each decade
- C) Plans that address population health every 10 years and have not changed since 2000
- D) Identify social determinants of health

**57.** In 2016, Council on Education for Public Health updated the accreditation criteria for public health schools and programs, revising core competencies to reflect:

- A) renewed emphasis on management and leadership as important elements of public health education and practice.
- B) the requisite education level for entry into the public health workforce at all levels.
- C) the competencies used by the American Public Health Association and the Association of Schools and Programs in Public Health.
- D) the competencies of the World Health Organization.

**58.** The most significant incentive in the Health Information Technology for Economic and Clinical Health Act created which of the following?

- A) Medicare and Medicaid Electronic Health Record Incentive Program
- B) National Coordinator for Health Information Technology
- C) American Recovery and Reinvestment Act
- D) Office of the National Coordinator for Health Information Technology

**59.** Which of the following is an advantage of a commercially produced off-the-shelf electronic health record system?

- A) Commercially produced systems allowed hospitals to implement comprehensive electronic health records without designing and building custom systems, which can result in prohibitive costs.
- B) Allows doctors who heavily rely on electronic health record systems to concentrate on patients
- C) Allow for hospitals to use multiple electronic health records for different areas of the hospital
- D) They decrease formulary compliance and increase the need for pharmacy callbacks for clarification.

**60.** Which organization is key in driving quality improvement and patient safety?

- A) Centers for Medicare and Medicaid Services
- B) Agency for Healthcare Research and Quality
- C) National Association for Healthcare Quality
- D) The Joint Commission

**61.** As early as 1966, Avedis Donabedian at the University of Michigan characterized health care as divided into three components. The research paradigm of their assumed linkages guides the quality-of-care investigators. Which of the following is *not* one of the components?

- A) Structure
- B) Process
- C) Outcomes
- D) Inputs

**62.** Which regulation had had a chilling effect on healthcare institutions' willingness to share data with other institutions due to liability for patient privacy and security of patient data?

- A) Health Insurance Portability and Accountability Act
- B) National Coordinator for Health Information Technology
- C) American Recovery and Reinvestment Act
- D) Office of the National Coordinator for Health Information Technology

**63.** Which of the following best describes a study that uses patient records, interview surveys, various databases of existing medical data, and other information sources to identify those factors and conditions that determine the distribution of health and disease among specific populations?

- A) Descriptive studies
- B) Observational studies
- C) Analytic studies
- D) Qualitative studies

**64.** Despite the advanced state of the Internet and modern communication technologies, the continuous emergence of new technologies and clinical advances create constant challenges. All of the following describe the ongoing challenges, *except*:

- A) evaluation.
- B) interpretation.
- C) monitoring
- D) potential applications.

**65.** Which of the following correctly describes the utilization of observational study to collect observed or reported information about natural phenomena, the characteristics and behaviors of people, aspects of their location or environment, and their exposure to specific circumstances or events?

- A) Epidemiological research
- B) Basic science research
- C) Health services research
- D) Clinical research

**66.** Which of the following best describes an emerging research field that seeks to understand and improve how societies organize themselves in achieving collective health goals and how different actors interact in the policy and implementation processes to contribute to policy outcomes?

- A) Health policy and systems research
- B) Basic science research
- C) Health services research
- D) Clinical research

**67.** The development of training programs for the community, public awareness, logistical support, communications, early warning, and ongoing monitoring refers to:

- A) mitigation.
- B) preparedness.
- C) response.
- D) recovery.

**68.** The National Incident Command System is:

- A) the tactical strategies that guide how personnel work together during incidents.
- B) an operational approach to the management of incidents
- C) a standardized on-scene emergency management organization.
- D) a framework outlining activities that are executed during emergencies.

**69.** The COVID-19 pandemic highlighted the need to strengthen activities among acute care, public health, and:

- A) disaster preparedness.
- B) disaster mitigation.
- C) disaster response.
- D) disaster recovery.

**70.** Which U.S. government agency is the principal coordinating entity for emergencies in the nation?

- A) Department of Homeland Security
- B) State governors
- C) World Health Organization
- D) Emergency Management Institute

**71.** All of the following describe actions of mitigation, *except*:

- A) planned long before a disaster occurs.
- B) should start early.
- C) address unintended consequences.
- D) involve all key stakeholders.

**72.** The dominant number of Rural hospital closures have been in:

- A) The Midwest
- B) The Southern states
- C) The Northeast
- D) The Southwest
- E) None of the above

**73.** Rural communities face the following issues that complicate adequate and accessible healthcare delivery:

- A) Poor infrastructure
- B) High poverty and unemployment
- C) Disproportionate burden of chronic disease
- D) All of the above
- E) None of the above

**74.** The United States has never planned comprehensively or strategically for the development and deployment of its healthcare workforce and, as a result:

- A) educational institutions that train healthcare professionals are experiencing increased enrollments.
- B) the preparation of each generation of health workers is just as fragmented and confusing as the healthcare system they will one day join.
- C) the turnover rates are increasing among nurses only.
- D) local hospital healthcare policies are prioritizing workforce planning to ensure a stable healthcare workforce.

**75.** Which of the following best describes a provision of the ACA that requires disclosures to the Center for Medicare and Medicaid Services about any payments or other transfers of value made to physicians or teaching hospitals, which may help to bring these ethical breaches under control?

- A) Healthcare Quality Improvement Act
- B) Sunshine Act
- C) Health Insurance Portability and Accountability Act
- D) Hospital Preparedness Program

**76. Bonus Question: (Students get half credit even if they answer incorrectly)**

The redistribution function of government is similar to the actions of:

- A) Superman
- B) Batman and Robin
- C) Robin Hood and Santa

- D) The Incredible Hulk
- E) Wonder Woman

**77.** True/False? Access means the ability to purchase healthcare services at any price.

- A) True
- B) False

**78.** True/False? In the United States, the delivery of health services is mostly in private hands, and so health care is fully governed by free-market forces.

- A) True
- B) False

**79.** True/False? The establishment of the National Cancer Institute (NCI) was the beginning of what would become an extensive array of national institutes being developed to address specific illnesses through research.

- A) True
- B) False

**80.** True/False? Medicare and Medicaid began during the Nixon administration, addressed mental illness, and supported the healthcare professionals' role

- A) True
- B) False

**81.** True/False? The Affordable Care Act was the legislative foundation for many significant health and welfare programs, including the Medicare and Medicaid programs.

- A) True
- B) False

**82.** True/False? Many problems associated with U.S. health care result from a system shared among federal and state governments and the private healthcare industry.

- A) True
- B) False

**83.** True/False? The federal government maintains broad policymaking and operational responsibilities to promote and protect the health of U.S. citizens while ensuring the implementation of both preventive and protective public health practices.

- A) True
- B) False



**84.** True/False? The federal government is not responsible for ensuring that all levels of government have the capabilities to provide essential public health services.

- A) True
- B) False

**85.** True/False? Local health departments support and deliver health and health-related services and provide direct patient care services in clinics or health centers, referrals for care, and other services mainly focused on underserved populations.

- A) True
- B) False

**86.** True/False? Systems thinking is a straight forward approach to problem solving that relies on immediate reactions to present problems or situations.

- A) True
- B) False

**87.** True/False? Demand for Medicare is declining due to an aging population that is projected to demand more healthcare products and services in the future.

- A) True
- B) False

**88.** True/False? The global coronavirus pandemic has impacted every aspect of the United States healthcare system, including healthcare expenditures.

- A) True
- B) False

**89.** True/False? Growth in specialized medicine or care occurred as medical science and technology advanced Americans' preference for specialty care results in high utilization and rapidly rising costs.

- A) True
- B) False

**90.** True/False? All Americans are eligible for Medicare at age 55.

- A) True
- B) False

**91.** True/False? Government regulation of the health professions is considered unnecessary for protecting the public from incompetent and unethical practitioners and professionals.

- A) True
- B) False

**92.** True/False? Certification generally does not regulate impaired or misbehaving practitioners other than dropping them from certification.

- A) True
- B) False

**93.** True/False? Evidence-based practice integrates the scientific knowledge with clinical skills and experience without always considering the unique needs of each patient.

- A) True
- B) False

**94.** True/False? Healthcare reform efforts and the emergence of managed care as the major form of insurance for U.S. health care resulted in hospital closings and mergers that reduced the number of governmental and community-based hospitals in the United States.

- A) True
- B) False

**95.** True/False? Hospitals are not required to make information on the Rights and Responsibilities of Hospitalized Patients known to every patient.

- A) True
- B) False

**96.** True/False? A fully vertically integrated system in its ideal form includes all facilities, personnel, and technological resources to render the complete continuum of care.

- A) True
- B) False

**97.** True/False? Teaching hospitals usually provide the less advanced care than the average hospital.

- A) True
- B) False

**98.** True/False? Healthcare reform efforts and the emergence of managed care as the major form of insurance for U.S. health care resulted in hospital closings and mergers that reduced the number of governmental and community-based hospitals in the United States.

- A) True
- B) False

**99.** True/False? Although EDs are designed to care for life-threatening illness or injury, EDs also deliver routine medical care.

- A) True
- B) False

**100.** True/False? A significant result of developments in ambulatory care delivery for hospital-operated and independent organizations has been physicians' entry into the business of outpatient diagnostic, treatment, and surgical services previously available to their practices in only the hospital setting.

- A) True
- B) False

**101.** True/False? Long-term care facilities may represent custodial or chronic care management or short-term rehabilitative services.

- A) True
- B) False

**102.** True/False? Continuing care retirement communities (CCRCs) are available for those Americans who wish to stay in their own homes as they get older.

- A) True
- B) False

**103.** True/False? In the early years of our nation, the mentally ill were confined at home, in jails, or in almshouses, where they received no care and suffered severely.

- A) True
- B) False

**104.** True/False? Substance abuse and addiction are caused by a lack of will or moral failure.

- A) True
- B) False

**105.** True/False? Public health and the management of public health services and organizations are best understood from an individual perspective.

- A) True
- B) False

**106.** True/False? As part of the policy development and administration process, many federal health agencies provide information and technical assistance to state and local agencies and nongovernmental organizations.

- A) True
- B) False

**107.** True/False? Evidence-based practice integrates individual clinical expertise into the best available external clinical evidence from systematic research.

- A) True
- B) False

**108.** True/False? The Patient-Centered Outcomes Research Institute acknowledges that patient satisfaction is not a significant factor for quality care.

- A) True
- B) False

**109.** True/False? The primary objective of health systems and policy research is to support and confirm current health systems and policies.

- A) True
- B) False

**110.** True/False? Patient satisfaction is a well-defined concept which can be accurately calculated to indicate health care quality.

- A) True
- B) False

**111.** True/False? Quality in health care is essential to delivering appropriate care to patients to reduce suffering and harm.

- A) True
- B) False

**112.** True/False? The Patient-Centered Outcomes Research Institute acknowledges that patient satisfaction is not a significant factor for quality care.

- A) True
- B) False

**113.** True/False? Evidence-based practice integrates individual clinical expertise into the best available external clinical evidence from systematic research.

- A) True
- B) False

**114.** True/False? Disasters are rarely relevant to the public health and acute care systems.

- A) True
- B) False

**115.** True/False? The World Health Organization acts as the coordinator for disease reporting and surveillance at the global level.

- A) True
- B) False

**116.** True/False? Emergency preparedness activities for the healthcare industry require attention to public health, personal health, and the civil structures of society.

- A) True
- B) False

**117.** True/False? In 2020, the COVID-19 pandemic caused a tremendous financial strain for hospitals and especially rural hospitals, with a record of 20 rural hospitals closing in one year.

- A) True
- B) False

**118.** True/False? Before COVID-19, rural communities experienced great difficulty with the recruitment and retention of providers.

- A) True
- B) False

**119.** True/False? Health policy reforms have created incentives that have shifted delivery from community-based facilities to acute care because they are generally cheaper and more accessible for patients.

- A) True
- B) False

**120.** True/False? A high-performing and responsive health system reflects its population.

- A) True
- B) False

**121.** True/False? An aging population in the United States is the key factor driving the need for more telehealth services.

- A) True
- B) False

