Communicating About Health Current Issues and Perspectives 6th edition Pre Test Bank

SKU: 9780190924362-TEST-BANK

Chapter 2: The Landscape for Health Communication

Type: multiple choice question
Title: Chapter 2, Question 1
1) A DRG is best described as:
Feedback: Correct! A diagnosis-related group (DRG) establishes a flat-rate reimbursement for specified hospital procedures (e.g., a certain amount paid for an appendectomy) established in advance rather than based on actual costs incurred by the health provider.
Page reference: Communication in Managed Care
a. A drug rehab goal, meant to establish guidelines for using various pharmaceutical therapies
b. A code name for a government agency concerned with improving medical care in the United States
***c.** A diagnosis-related group, established to set parameters on what health care organizations are reimbursed for treating various conditions
d. The Domiciliary Regulatory Commission that decides which state laws apply to malpractice claims that span state borders

Type: multiple choice question
Title: Chapter 2, Question 2
2) One provision of the Affordable Care Act is an individual mandate, which means that:
Feedback: You're right! An individual mandate requires everyone to have health insurance, usually with subsidies.
Page reference: Health Care Reform
a. People are required to have their children immunized by age 5.
b. People are given the freedom to have home health care rather than be admitted to hospitals.
***c.** All citizens, with a few exceptions, must maintain health insurance coverage.
d. People who are age 65 and older must register 2 years in advance to qualify for federally funded health insurance plans.

Type: multiple choice question
Title: Chapter 2, Question 3
3) When patients who do not have insurance pay for their own care, they engage in:
Feedback: Correct! Fee-for-service is the practice of paying a care provider for specific care provided, as opposed to a capitated amount paid in advance regardless of services rendered.
Page reference: Managed Care
a. capitation
***b.** fee for service
c. reimbursement
d. the Cooperative Member Model

Type: multiple choice question
Title: Chapter 2, Question 4
4) Which of the following offers the greatest incentive to keep people healthy?
Feedback: You're right! Because people are typically part of single-payer systems for their entire life, such a system has the most to gain by helping them stay healthy.
Page reference: Health Care Reform
a. A pluralistic health system
b. A multi-payer system
***c.** A single-payer system
d. Universal coverage

Type: multiple choice question
Title: Chapter 2, Question 5
5) As the overall population becomes more diverse and older, how is health care likely to be affected?
Feedback: Correct! Diversity among health care workers is not expected to keep pace with the overall population.
Page reference: Current Issues in Health Communication
a. More people will be able to afford medical treatment.
b. People will be better informed, reducing the need for prevention efforts.
***c.** Care providers and patients may be very different from each other.

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d. The overall health of the population is likely to improve.

Type: multiple choice question
Title: Chapter 2, Question 6
6) _____ is based on a commitment to offer health services to everyone who needs them, regardless of age, ability to pay, or any other factor.
Feedback: You're right! With universal coverage, all citizens (and, in some countries, all temporary residents and visitors as well) are assured of health care.
Page reference: Health Care Reform
a. Free enterprise
***b.** Universal coverage
c. Communal taxation
d. The U.S. tax system

Type: multiple choice question
Title: Chapter 2, Question 7
7) Which of the following is most accurate?
Feedback: Correct! The United States is a multi-payer system in that health insurance is provided by a variety of sources, including both private companies and government programs.
Page reference: Health Care Reform
a. The United States system is based on France's model.
b. The United States passed federal individual mandate laws in 1995.
***c.** The United States is primarily a multi-payer system.
d. The United States is a Six Sigma system.

Type: multiple choice question
Title: Chapter 2, Question 8
8) Managed care was created mostly to:
Feedback: You're right! Although many feel it is has not been as successful as they hoped in this regard, managed care was designed to control escalating health care costs in the United States.
Page reference: Managed Care
a. Allow physicians to make more money
***b.** Control health care costs
c. Drive specialists out of business
d. Reduce bureaucracy in health care

Type: multiple choice question
Title: Chapter 2, Question 9
9) When patients pay a set fee per year or month to cover all the medical services they will need, this is called:
Feedback: Correct! In contrast to fee for service, capitation involves a set fee paid to cover a person's health needs, regardless of the care actually required.
Page reference: Managed Care
***a.** Capitation
b. Fee for service
c. Reimbursement
d. The Cooperative Member Model

Type: multiple choice question
Title: Chapter 2, Question 10
10) The difference between an HMO and a PPO is:
Feedback: You're right! Unlike in PPOs, in HMOs care providers are usually employed directly by the HMO and provide services only to HMO members.
Page reference: Managed Care
a. Patients who are members of a PPO have less opportunity to choose their own caregivers than do members of an HMO.
b. HMOs are affected by managed care, whereas PPOs are not.
c. HMOs are usually managed by physicians, whereas PPOs are usually managed by health care administrators with business backgrounds.

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***d.** Physicians and other caregivers work directly for an HMO, whereas they maintain more autonomy as affiliates of a PPO.

Type: multiple choice question
Title: Chapter 2, Question 11
11) All of the following are disadvantages of managed care EXCEPT one. Which one is NOT a disadvantage?
Feedback: Correct! Patients are not prohibited from speaking to attorneys.
Page reference: Managed Care
a. Managed care has not focused on prevention as much as many people had hoped it would.
b. Caregivers may be tempted to undertreat patients to save money.
***c.** Gag rules prevent patients from talking to attorneys about their care.
d. Managed care requires a great deal of paperwork.

Type: multiple choice question
Title: Chapter 2, Question 12
12) As a consumer, you subscribe to a health plan with relatively low premiums but a very high catastrophic cap. You are expected to pay for most services out of your own pocket and are rewarded with tax breaks for saving money to pay for your own care. Your plan is best described as:
Feedback: You're right! A high-deductible health plan (HDHP) offers lower-than-normal premiums but higher-than-normal deductibles and out-of-pocket spending caps.
Page reference: Managed Care
a. A health maintenance organization
b. Indemnity insurance
c. A preferred provider organization
***d.** A high-deductible health plan

Type: multiple choice question
Title: Chapter 2, Question 13
13) If a hospital cuts costs and is able to provide care for less money than the capitated fees it receives, what happens?
Feedback: Correct! This is one incentive for health organizations to cuts costs.
Page reference: Managed Care
***a.** The hospital gets to keep the difference as profit.
b. The hospital reimburses the patient, providing an incentive for patients to get well quickly.
c. It is no longer considered capitation.
d. All of these are likely to happen.

Type: multiple choice question
Title: Chapter 2, Question 14
14) When your aunt needs the care of specialists in different health care organizations, you think back about the tips in your book for navigating the health care system. Based on that advice, all of the following may be helpful EXCEPT:
Feedback: You're right! Lack of communication between care providers can be a problematic. Insist that all records and test results be shared with your aunt's principal care provider.
Page reference: Current Issues in Health Communication
***a.** Have each care provider keep separate notes so there is no overlap of information.
b. Encourage your aunt to develop a strong relationship with her principal care provider.
c. Help you aunt maintain a list of everyone involved with her care.
d. Network with other people who have similar health concerns.

Type: multiple choice question
Title: Chapter 2, Question 15
15) When Louise has her tonsils removed, the hospital receives an amount of money established in advanced by the insurance company. Flat reimbursement rates for particular procedures are based on:
Feedback: Correct! A diagnosis-related group (DRG) establishes a flat-rate reimbursement for specified hospital procedures, established in advance rather than based on actual costs incurred by the health provider.

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Page reference: Managed Care
a. Post hoc reimbursement
b. A spiraling funding model
***c.** Diagnosis-related groups
d. All of these are involved

Type: multiple choice question
Title: Chapter 2, Question 16
16) A candidate on TV says that she favors "Medicare for all." This is another way of saying that she is in favor of:
Feedback: You're right! Medicare is funded by a single source (the U.S. government) for U.S. citizens age 65 and older. "Medicare for all" would extend similar coverage to people of every age.
Page reference: Health Care Reform
a. Higher premiums and lower deductibles
b. Fee for service
c. Preferred provider organizations
***d.** Universal coverage based on a single-payer model

Type: multiple choice question
Title: Chapter 2, Question 17
17) You are discouraged to find that, although you have insurance, you must pay out of pocket the first $5,000 of your health expenses each year before your insurance company begins to defray the costs. Which managed care option has the highest out-of-pocket requirement?
Feedback: Correct! High-deductible health plans (HDHPs) offer relatively low monthly premiums but high deductibles and high catastrophic caps.
Page reference: Managed Care
a. Preferred provider plan
***b.** High deductible health plan
c. HMO
d. Prospective payment plan

Type: multiple choice question
Title: Chapter 2, Question 18
18) As administrator of a medical center that is part of an HMO, your annual budget is based mostly on how many people subscribe to the HMO since their contributions will be the same no matter how much care they need. This reflects:
Feedback: You're right! In contrast to fee for service, capitation reflects a set fee paid to cover a person's health needs, regardless of the care actually required.
Page reference: Managed Care
***a.** Capitation
b. Fee for service
c. Indemnity payments
d. Deductibles

Type: multiple choice question
Title: Chapter 2, Question 19
19) The _____ mandated that insurance companies cannot refuse coverage to people with pre-existing conditions or charge them higher rates than other people.
Feedback: Correct! This rule is part of the Affordable Care Act.
Page reference: Health Care Reform
a. Family and Medical Leave Act
b. Health Insurance Portability and Accountability Act (HIPAA) **c.** U.S. Constitution
***d.** Affordable Care Act

Type: multiple choice question
Title: Chapter 2, Question 20
20) Which of the following is an advantage of a single-payer health system?
Feedback: You're right! A single-payer system is less complicated than having thousands of different insurers.

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Page reference: Health Care Reform
a. Higher premiums and lower deductibles
b. Lower taxes
*__c.__ There is less complicated paperwork

Type: true-false
21) Prevention efforts improve people's overall quality of life, but prevention is usually more expensive than treatment.
a. True
*__b.__ False
Feedback: Correct! Prevention is usually *less* costly.
Page reference: Current Issues in Health Communication

Type: true-false
22) The United States ranks first in the world in terms of quality health care.
a. True
*__b.__ False
Feedback: You're right. The United States ranks 29th largely because many people receive no or little care.
Page reference: Health Care Reform

Type: true-false
23) The Affordable Care Act guaranteed that children could stay on their parents' health insurance until they are 26.
a. True
*__b.__ False
Feedback: Correct! This is a provision of the ACA.
Page reference: Health Care Reform

Type: true-false
24) Managed care organizations were created to improve the sanitary conditions at medical centers in developing countries. When it was discovered that costs fell as quality rose, managed care was introduced in the United States.
a. True
*__b.__ False
Feedback: You're right! Managed care was created in response to escalating costs in the United States.
Page reference: : Managed Care

Type: true-false
25) A PPO hires physicians and other care providers, who earn an established salary directly from the PPO.
a. True
*__b.__ False
Feedback: You're right! This describes an HMO, not a PPO.
Page reference: Managed Care

Type: true-false
26) One advantage of managed care is that it offers patients a greater level of privacy than they had previously.
a. True
*__b.__ False

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Feedback: Correct. Extensive oversight means that patients typically have less privacy with managed care than they did before it.
Page reference: Managed Care

Type: true-false
27) Medicare is an example of a single-payer system.
***a.** True
Feedback: Correct! Based on this, when people advocate for "Medicare for all" they are speaking in favor of a single-payer model.
Page reference: Health Care Reform
b. False

Type: true-false
28) One argument in favor of universal coverage is that, without it, untreated diseases may spread to others and escalate costs.
***a.** True
Feedback: Other arguments are that patients won't face financial hardship if they become sick; a healthy society is more prosperous; and more resources, jobs, and health services may result.
Page reference: Health Care Reform
b. False

Type: true-false
29) Single-payer systems typically rely less on tax dollars than do multi-payer systems.
a. True
***b.** False
Feedback: Correct! Single-payer systems are often funded by tax payments.
Page reference: Health Care Reform

Type: true-false
30) Although Japan spends fewer health care dollars per capita than the United States, people in Japan tend to live longer than people in the U.S.
***a.** True
Feedback: You're right. This is partly because Japan invests more heavily in prevention.
Page reference: Current Issues in Health Care
b. False

Type: essay/short answer question
Title: Chapter 2, Question 31
31) Based on advice in your book, list and describe at least four tips for navigating the health care system.
Feedback: Answer should include at least four of the following:

- Develop a strong relationship with a principal care provider (PCP).
- Recruit a personal health care quarterback, someone you love and trust (to provide emotional support, talk through medical decisions with you, help you manage appointments, look up information, and so on.
- Maintain a roster of key players, which may include physicians, nurses, social workers, scheduling personnel, health insurance professionals, and others who can provide assistance and answer questions.
- Keep and share clear records of your medications, health care visits, allergies, and test results.
- Listen to your body and tell a care provider if something feels wrong.
- Network. Support groups and online communities can be valuable guides as you make your way through a health issue.

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Page reference: Current Issues

Type: Short Answer
Title: Chapter 2, Question 32
32) From a consumer's perspective, how do fee-for-service and capitated systems differ? From a care provider's perspective?
Feedback: Answer: With capitation, consumers largely know in advance what their health costs will be, as compared to paying for services rendered. Care providers stand to make money if the care they provide comes in under the capitated amount, but lose money if it costs more than that.
Page reference: Managed Care

Type: Short Answer
Title: Chapter 2, Question 33
33) Do you prefer a single-payer or a multi-payer model? Explain your answer by outlining the relative advantages of the model you propose.
Feedback: Answer:

- Arguments in favor of single-payer systems are that people pay throughout their lives, there are no high charges at the time of service, there is an incentive to maintain public health, and administrative demands are lessened.
- Arguments in favor of multi-payer systems include lower overall tax burden, more marketplace competition, and less government involvement.

Page reference: Managed Care

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