Health Information Management of a Strategic Resource 5th edition Abdelhak Test Bank

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MULTIPLE CHOICE

1. Which is a primary function of American Health Information Management Association?
   a. Certification
   b. Licensure
   c. Program accreditation
   d. Both a and c

   ANS: D

2. All the following components were specified for a computerized patient record system by the Institute of Medicine Study of 1991 *except*
   a. Clinical support systems.
   b. Communications systems.
   c. Alerts.
   d. Reminders.

   ANS: B

3. All the following are recognized roles of a health information management professional by American Health Information Management Association *except*
   a. Clinician.
   b. Educator.
   c. Analyst.
   d. Researcher.

   ANS: A

4. What is the basis for initial certification as a health information practitioner?
   a. Formal education
   b. Examination
   c. Work experience.
   d. Both a and b

   ANS: D

5. Which requirements apply to certifying health care facilities for the treatment of Medicare and Medicaid patients?
   a. Tax Equity and Fiscal Responsibility Act
   b. Omnibus Reconciliation Act
   c. *Conditions of Participation*
   d. Health Insurance Portability and Accountability Act

   ANS: C

6. Which of the following is a legitimate and stated use of health information according to American Health Information Management Association?
   a. The development of public policy on health care

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b. The brokering of patient data for health care marketing
c. The prevention of disease and the promotion of health
d. Both a and c

ANS: D

7. When did the recording of clinical information begin in the United States?
   a. Late 1700s
   b. Early 1800s
   c. Late 1800s
   d. Early 1900s

   ANS: B

8. The earliest medical records in the United States were
   a. Letter-formatted.
   b. Ledger-formatted.
   c. Formatted by patient.
   d. Catalogued by diseases and operations.

   ANS: B

ESSAY

1. Discuss the significance of the American College of Surgeons' standardization movement to the development of the health information profession.

   ANS:
   The importance of the American College of Surgeons' standardization movement to the development of the health information profession was the discovery that patient records were necessary for the evaluation of clinical and surgical care provided to the patient. Patient records in the late 1890s and early 1900s contained insufficient information to make any kind of judgment with respect to the care given patients. Improving the quality of patient records then became a goal of the standardization movement.

2. Describe the role of the health information professional as a patient advocate.

   ANS:
   The health information management (HIM) professional is seen as a patient advocate because he or she facilitates access to the patient's record by the patient and others authorized to obtain patient information. The HIM professional assumes the role of a patient advocate by insisting on accurate and quality data in the patient's record. The important role of the patient advocate, however, is in the HIM professional's commitment to the confidentiality of patient information. This commitment continues to be evidenced in the concern for confidentiality of computerized patient records.

3. Interpret the effect of the Tax Equity and Fiscal Responsibility Act of 1983 on the health information profession.

   ANS:

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The Tax Equity and Fiscal Responsibility Act of 1983 brought the prospective payment system to Medicare/Medicaid patient hospitalization. Payment was based on a system of diagnosis-related groups, and assignment to a particular group was determined by the assignment of an International Classification of Diseases, 9th edition (ICD-9) diagnostic code. Prospective pricing linked clinical information to the billing process, thereby making the patient's record the resource that documented and supported the assigned codes. For the first time, health information management (HIM) professionals had a direct influence on the dollars that flowed into health care institutions. HIM professionals began to be viewed as active participants in planning, finances, and information networking by virtue of the importance of the patient data that were their primary responsibility.

4. Explain what is meant by the statement "AHIMA is a membership organization."

   ANS:
   The statement "AHIMA is a membership organization" means that it is governed by representatives of the membership. The membership, through its house of delegates, establishes standards for the organization and may amend the bylaws of the association. The membership at large elects the board of directors and members of the Commission on Accreditation for Health Informatics and Information Council. The membership, through its house of delegates, elects members of the Nominating Committee, which then annually presents a slate of officers for election by the general membership.

TRUE/FALSE

1. The first minimum standards pertaining to physicians and hospitals in the United States were established by the American College of Surgeons.

   ANS: T

2. Health record documentation is influenced by governmental agencies such as Medicare and Medicaid.

   ANS: T

3. The protection of secondary health information is an ethical tenet promoted by American Health Information Management Association.

   ANS: T

4. The emphasis of health care organization accreditation is on the provision of cost-effective health care.

   ANS: F

5. Information management standards are developed by the Joint Commission in collaboration with American Health Information Management Association and other organizations.

   ANS: T

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6. The process of assessing the quality of physician education by the American College of Surgeons in the early 1900s was dependent on the quality of the patient record.

   ANS: T

7. The Joint Commission accreditation preempts the need for state licensing of a health care organization in all 50 states.

   ANS: F

8. The amendments to the Social Security Act of 1965 resulted in both the Medicare and Medicaid programs.

   ANS: T

9. At its inception, Medicare was operated as a fee-for-service reimbursement program.

   ANS: T

10. Current Joint Commission standards emphasize departmentalized health care versus integrated health care.

    ANS: F

11. Appropriate use of hospital resources and the quality of patient care was precipitated by Medicare legislation.

    ANS: T

12. Prospective, fixed-rate reimbursement was initiated by the Joint Commission.

    ANS: F

13. Fee-for-service reimbursement was mandated in the early 1980s for all inpatients and outpatients.

    ANS: F

14. Elevating the standards for clinical records was the mission of the first organization of medical record librarians.

    ANS: T

15. Requirements for the licensing of health care organizations are called "regulations."

    ANS: T

16. Essentials for health information education programs are monitored by American Health Information Management Association in collaboration with the Joint Commission.

    ANS: F

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17. Education programs for medical record technicians (now called health information technicians) began in the 1970s.

ANS: F

18. The Registered Health Information Administrator (RHIA) and Registered Health Information Technician (RHIT) credentials are awarded by American Health Information Management Association on graduation from an approved education program.

ANS: F

19. Continuing education is mandatory for maintenance of certification as a health information professional.

ANS: T

20. American Health Information Management Association plays an active role in developing standards for the electronic health record and confidentiality of health care information.

ANS: T

21. Professional practice standards have been developed by American Health Information Management Association.

ANS: T

22. The earliest medical records in the United States had some characteristics of a business record.

ANS: T

23. In the early 1900s, the Joint Commission assumed the position of the American Heart Association in assessing the quality of patient records.

ANS: F

24. States assume the function of licensing health care institutions.

ANS: T

25. Before the mid-1990s, the accreditation of allied health education programs was a cooperative effort with the American Medication Association.

ANS: T

26. The principal source of reimbursement information is the clinical record.

ANS: T

27. The official publication of the American Health Information Management Association is the *Journal of the American Health Information Management Association.*

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ANS: T

28. At its inception, the Joint Commission was composed of the American College of Surgeons, the American Health Association, and other organizations.

ANS: T

29. To provide continued health care to the public, a health care organization must demonstrate compliance with state licensing regulations.

ANS: T

30. The Association of Medical Record Librarians of North America was the first name for the association now known as American Health Information Management Association.

ANS: T

31. The membership of American Health Information Management Association elects the board of directors.

ANS: T

32. The members of the Council on Certification are appointed by the board of directors of American Health Information Management Association.

ANS: F

33. Fifty component state associations plus associations in the District of Columbia and Puerto Rico comprise the organizational structure of American Health Information Management Association.

ANS: T

34. The board of directors of American Health Information Management Association manages the property, business, and affairs of the association.

ANS: T

35. The first medical record organization was founded in 1938.

ANS: F

36. The code of ethics is a professional practice standard applicable to all certified health information professionals.

ANS: T

37. In the 1920s, the patient record was a source of needed information for board certification by the American College of Surgeons.

ANS: T

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38. A registered health information administrator (RHIA) who also holds a certified health data analyst (CHDA) credential needs 40 continuing-education units (CEUs) for the 2-year reporting cycle.

ANS: T