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Chapter 2: Organization of Care

Multiple Choice

1. A student researches the definition of health. Which resource would state that health is defined as a "state of complete physical, mental, and social 'wellbeing,' and not merely the absence of disease or infirmity"?

    a. Centers for Disease Control and Prevention (CDC)

    b. Bureau of Primary Health Care (BPHC)

    c. Health Resources and Services Administration (HRSA)

    d. World Health Organization (WHO)

    *d

    Rationale: The World Health Organization (WHO) defines *health* as a "state of complete physical, mental and social 'wellbeing,' and not merely the absence of disease or infirmity."

2. A mother and grandmother were discussing the new grandchild and their upcoming pediatric visit. The grandmother recalls how her pediatrician helped her get through a bad case of strep throat and now she sees an internist that encouraged her to lower her cholesterol. They both reflect on how medical care never seems to stop through the years. What are they essentially describing?

    a. Continuum of care

    b. Continuity of care

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c. Centers of care

d. Chronic care

*a

Rationale: The continuum of care in the United States encompasses care from the cradle to the grave and includes services focused on both prevention and treatment of medical conditions, and diseases as well as end-of-life care.

3. A mother takes her daughter to the local public health department before the school year for the necessary vaccines. How would this service be defined in terms of prevention?

a. Primary prevention

b. Secondary prevention

c. Tertiary prevention

d. Service prevention

*a

Rationale: Primary prevention services are focused on preventing or reducing the probability of the occurrence of a disease in the future. Services are provided through public and private institutions and are often focused on educating the public about the risks associated with individual behaviors that can negatively affect their short- and

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long-term health. Examples of primary prevention include immunizations for the prevention of childhood diseases.

4. Prevention can be grouped based on the focus and nature of the intervention provided. Which situation illustrates tertiary prevention?

    a. A patient with end-stage lung cancer transitioning to hospice
    b. A 55-year-old male receiving a colonoscopy
    c. A heart failure patient in cardiac rehabilitation
    d. A person attending a smoking cessation program

    *c

    Rationale: Tertiary prevention is targeted at individuals who already have symptoms of a disease in order to prevent damage from the disease, to slow down its progression, to prevent complications from occurring as a result of the disease, and ultimately to restore good health to the person with the disease. Tertiary prevention includes services such as providing diabetic patients with education and counseling on wound care. Population health involves tertiary prevention to groups of people with a similar disease process, like diabetes or heart disease.

5. Smith county health department, local government, community hospital, and local human services have organized an assessment and agreed to collaborate on the opioid epidemic that is trending in the community. What concept does this represent?

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a. Quaternary community care

b. Horizontal integration

c. Community health improvement

d. Corporate medical practice

*c

Rationale: Community health improvement, also known as community benefit, focuses on collaboration among a wide array of organizations, which include public health departments, health care delivery organizations, social service agencies, and government entities, to address issues impacting the health of a particular community.

6. Joe recently fell from his ladder working on the roof of his home. He is glad to be home and feels lucky to have suffered only a minor fracture. What type of care did Joe initially likely receive?

a. Emergency care

b. Chronic Care

c. Specialty Care

d. Secondary Care

*a

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Rationale: Emergency care is designed to provide immediate care for sudden, serious illness or injury, although it is sometimes utilized for nonemergent care by individuals who are uninsured or underinsured. A medical emergency is defined by what is known as the prudent layperson standard: [A] condition with acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or unborn child) in serious jeopardy, (ii) serious impairment of bodily functions, or (iii) serious dysfunction of any bodily organ or part. (Social Security Act § 1867)

7. A nursing student is studying health care services. He was surprised at the number of specific care terms, such as acute care. Which situation demonstrates an element of acute care?

    a. A 65-year-old male with diabetes and hypertension at his routine care visit
    b. A 22-year-old female with sudden stomach pain presenting to urgent care
    c. A 40-year-old female at the clinic for annual well-check exam and screenings
    d. An 85-year-old male visiting physical therapy after a fall and broken hip

    *b

    Rationale: Acute care is short-term, intense medical care providing diagnosis and treatment of communicable or noncommunicable diseases, illness, or injury. The fact the 22-year-old was experiencing a sudden illness makes this the best choice.

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8. The daughter of an elderly mother is tearful over her mother's cancer progression. A nurse is visiting the home to discuss care options. The nurse explains that the life expectancy is likely 6 months or less. What care is best recommended?

    a. End-of-life care
    b. Palliative care
    c. Quaternary care
    d. Hospice care

    *d

    Rationale: Hospice care is end-of-life care utilized when a patient is expected to live 6 months or less. It is provided by a team of health care professionals and volunteers in the home, a hospice center, a hospital, or a skilled nursing facility. Hospice programs also provide services to support a patient's family.

9. West Area hospital leadership team is having their monthly meeting. At the meeting federal re-certification is addressed as well as a pending Joint Commission accreditation visit. What outcome is expected if the accreditation is awarded?

    a. Physician privileges will remain granted
    b. Licensure for operation will be renewed
    c. CMS certification requirements are met
    d. Specialty care programs services can continue

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*c

Rationale: Hospitals are subject to federal and state regulations. A hospital must be licensed to operate; licensing is handled at the state level by the agency or entity designated with such authority for the state. Licensure focuses on physical plant requirements, sanitation, personnel, and equipment. To receive reimbursement for services provided to Medicare and Medicaid patients, hospitals must receive certification from the federal government. Hospitals may choose to pursue accreditation by The Joint Commission, an independent, nonprofit organization that accredits hospitals, and other types of health care institutions. This voluntary participation in accreditation is a symbol of quality that indicates the organization has met certain performance standards. In 2021, approximately 80% of hospitals were accredited by The Joint Commission. The CMS recognize accreditation as suitable proof that a hospital has met the minimum requirements to receive certification.

10. Continuum of care and continuity of care are important aspects of individualized care but have distinct differences. Which of the following best defines the difference?
    a. Continuum of care requires communication between similar organizations
    b. Continuity of care tracks a medical history over the years of a patient
    c. Continuum of care occurs when a patient requires different levels of care
    d. Continuity of care streamlines care over a medical event, such as a heart attack

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*d

Rationale: Continuity of care for the patient, includes continuity of information (e.g., shared medical records), continuity across primary and secondary care (e.g., discharge planning from specialist to generalist care), and provider continuity (e.g., seeing the same provider each time).

11. A physician is interviewing for a new job at a practice. The practice was of high interest due to the maintenance of a NCQA standards that follows a culture of comprehensive, quality, and safe care. Where is this physician interviewing?
    a. Multispecialty group practice
    b. Patient-centered medical home
    c. Corporate medical practice
    d. Retail private ambulatory clinic

*b

Rationale: A widely accepted philosophy (not a destination) of primary care that is patient centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. Physician practices must meet certain standards to be designated as PCMHs. The NCQA released revised standards for PCMHs in 2017 focused around six concepts that represent the overall themes for PCMH.

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12. James is a single male, recovering addict with schizophrenia receiving disability funding and lives in a low-cost government subsidized apartment. He is in need of medical care for his cirrhosis and gout. What center would provide the best option?

    a. Rehabilitation Centers

    b. Psychiatric hospital

    c. Urgent Care Center

    d. Community Health Centers

    *d

    Rationale: Also known as Federally Qualified Health Centers (FQHCs), community health centers provide health care services and focus on the provision of primary and preventive care to medically underserved and indigent populations. Community Health Centers provide care to approximately 28 million people in more than 1,400 community health center organizations nationwide.

13. The children of an 80-year-old father discuss the possibility of moving the father closer to the two children that are in close proximity. The father is agreeable but does not want to live in a "nursing home." He has the ability to manage daily activities but would appreciate being around others his age. What type of facility would be suitable?

    a. Independent living facility

    b. Assisted living facility

    c. Skilled nursing facility

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d. Rehabilitation facility

*a

Rationale: Independent living facility: Multiunit housing developments that may provide support services (e.g., meals, transportation, housekeeping, social activities). Sometimes operated as part of a continuing care retirement community. Independent living facilities that do not provide many services beyond a residence are sometimes referred to as senior apartments.

14. A health reporter is interviewing a hospital director about the concept of the Triple Aim and what outcomes to expect. What would be a response?

    a. There is less diabetes in the community
    b. Staff physician retention rate increases
    c. The hospital becomes more profitable
    d. Expansion in marketing through partnerships

*a

Rationale: The original idea behind the Triple Aim is that to improve the delivery of health care in the United States, organizations must simultaneously pursue three dimensions: (a) improve the patient experience of care, (b) improve the health of populations, and (c) reduce the per-capita cost of health care.

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15. A director of physicians is interested in learning more about the NAM Action Collaborative on Clinical Well-Being and Resilience. What would be the precipitating cause for the director's interest in this research?

    a. A rise in requests for a physician wellness and health program
    b. Increased emphasis on a preventative patient care focus
    c. Reports of stress, fatigue, and low clinical staff retention rates
    d. Data showing an upsurge in contagious diseases among the staff

    *b

    Rationale: NAM's Action Collaborative on Clinician Well-Being and Resilience is a network of health care organizations who aim to address the challenges clinicians face related to burnout through research and interventions. The three primary goals of the collaborative include (1) raising awareness of clinician burnout and related problems including suicide, anxiety, depression, and stress; (2) improving understanding of the factors contributing to clinician burnout; and (3) generating solutions that can be widely shared across institutions

Multiple Response

1. A director of a community physician clinic is meeting with the leadership board regarding services. The director emphasizes that all services provide a type of clinical

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prevention service. The secondary prevention services are discussed. What services will be mentioned? Select all that apply.

a. A community vaccination program
b. An upscale mammogram facility
c. A certified cardiac rehabilitation facility
d. A customer friendly colonoscopy center
e. A dermatology health fair with screenings

*b, c, e

Rationale: Secondary prevention services: These services are focused on the early detection and treatment of disease in order to cure or control its effects. The goal is to minimize the effects of the disease on the individual. Secondary services are largely focused on routine examinations and tests such as blood pressure screenings, Pap smears, routine colonoscopies, examination of suspicious moles, and mammograms. Early detection and treatment often increase the probability of a successful outcome.

2. A group of students are asked to create a learning board that matches the patient to the type of care the patient would seek. Which patients would be placed under specialty care? Select all that apply.

a. A 65-year-old male with heart failure and a referral to see a cardiologist
b. An 8-year-old female with type one diabetes requiring endocrinology care
c. A 35-year-old male seeking a doctor for annual preventative care

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d. A 75-year-old male with Parkinson's requiring a neurologist

e. An 80-year-old female needing therapy after a fall and hip fracture

*a, b, d

Rationale: Specialty care refers to care delivered through providers who are trained as specialists or subspecialists in the field of medicine. Examples of the provision of specialty care include cardiology, endocrinology, and neurology.

3. Long term care provides a wide scope of services for people that require a higher level of daily care support due to some loss of independence. It is not uncommon for the person to need help with activities of daily living. What activities would be included? Select all that apply.

   a. Changing wound dressings

   b. Brushing teeth and bathing

   c. Putting on clothes in the morning

   d. Getting from the bed to a chair

   e. Washing and folding laundry

   *b, c, d

   Rationale: Activities of daily living (ADLs) include bathing, dressing, using the toilet, transferring to or from a bed or chair, and eating, among others. The incorrect

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choices are specified as instrumental activities of daily living (IADLs), which are everyday tasks, such as housework, taking medication, preparing meals, shopping, and responding to emergency alerts, among others.

4. A physician practice is considering becoming a patient-centered medical home. A key feature of qualifying is to meet certain standards that call under several concept areas. What concept areas are included? Select all that apply.
    a. Having a structured practice organization
    b. Ensure the clinic will remain financially stable
    c. Setting up practice protocols for care management
    d. Establishing performance and quality measures
    e. Assuring steps are in place for care transitions

    *a, c, d, e

    Rationale: Concept areas of the patient-centered medical home include: team-based care and practice organization, knowing and managing your patients, patient centered access and continuity, care management and support, care coordination and care transitions, performance measurement, and quality improvement

5. A manager of an assisted living facility is trying to explain to a friend that not all long-term care facilities are the same. Settings can be independent, assisted, or skilled. As a manager of an assisted living, what services would be characteristic of the facility?

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a. Dining hall with meal services

b. Medication reminder services

c. A weekly visit to change linens

d. A memory ward with 24-hour nursing

e. Concierge for transportation help

*a, b, c, e

Rationale: For individuals who are basically able to care for themselves but may need assistance with some daily activities; services provided include meals, laundry, housekeeping, medication reminders, and assistance with ADLs and IADLs. Most states require licensure for assisted living facilities, and the exact definition of what constitutes an assisted living facility varies among states. Approximately 90% of assisted living services in the United States are paid through private funds, although a few states allow payment for assisted living through Medicaid waivers.

Short Answer

1. What is quaternary care?

   Answer: Quaternary care is an extension of tertiary care and includes the provision of the most complex medical and surgical care. Quaternary care includes experimental procedures, experimental medications, or very uncommon surgeries or procedures. These types of services are not provided at every hospital or medical center. They are most often

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provided at academic medical centers, which are centers that consist of schools that train health care providers such as physicians.

2. Briefly describe end-of-life care.

   Answer: End-of-life care is the provision of health care services in the final hours or days of an individual's life. End-of-life care includes physical, mental, and emotional comfort and emotional support for family members who are living with the individual dying related to terminal illness or other type of condition that is leading to death.

3. What are community health centers?

   Answer: Also referred to as Federally Qualified Health Centers (FQHCs), community health centers provide health care services to individuals considered medical underserved or indigent. Community health centers provide services regardless of an individual's ability to pay, which is offered through a sliding fee scale. With a sliding fee scale, individuals are billed based upon their income.

4. What is telemedicine?

   Answer: "Telemedicine uses electronic communication to exchange medical information between sites to improve a patient's clinical health status." Services provided via telemedicine vary and may include primary care, specialty care, and remote patient monitoring. Telemedicine is key to ensuring individuals living in rural areas have access to health care services and was key in ensuring access to care during the COVID-19 pandemic to prevent the exposure of the disease from one person to another.

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5. Briefly discuss health care consulting.

   Answer: "Health care consulting is the process of sharing expertise, giving advice, and guiding health care organizations to make business decisions that promote growth and benefit their patients and customers." Health care consultants are usually experts in their field and may own their own consulting firms. Consultants most often guide organizations through the implementation of major projects.

Essay Questions

1. Briefly discuss how health information systems and technology is utilized in health care.

   Answer: It is throughout the scope of the services that health care organizations utilize health information systems and technology. One of the most common uses of technology is through the use of electronic health records (EHR), which is the use of computerized systems to house patient medical records or document patient care. The passage of the Health Information Technology for Economic and Clinical Health Act (HITECH) that health care providers are incentivized to provide care using the electronic health record. Health care technology has increased efficiency, quality, and safety during the patient care process. For example, the likelihood of mistakes during the health care process is decreased when the electronic medical record is utilized. After the passage of the HITECH Act, health information technology is valued in the United States at more than $61 million in 2017 and is projected to reach in excess of $149 million by 2025. By 2027, it is estimated that information technology will exceed a value of $63.4 billion.

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2. Briefly discuss the difference between acute care and chronic care.

   Answer: Acute care is short-term, intense medical care providing diagnosis and treatment of communicable or noncommunicable diseases, illness, or injury. Acute care is also referred to as primary, specialty, tertiary, or quaternary in nature and is centered on care provided by physicians and other providers in clinical settings such as physician's offices and hospitals. Acute care comprises the majority of health care expenses in the United States. Acute care services are provided in either an inpatient or outpatient setting and is often provided for care that is needed for urgent needs, emergency care, trauma care, prehospital care, and acute care surgery.

Chronic care is the continual treatment and monitoring of conditions that can be controlled but not cured; it includes both physical and behavioral conditions. Examples of chronic conditions include issues such as diabetes, mental illness, hypertension, asthma, and health disease. Chronic care is provided by either primary care or specialty care providers. Care provided to prevent conditions such as diabetes and hypertension is also categorized as chronic care. In this instance, population health management strategies are used by providers and public health organizations to target particular groups of individuals who have similar chronic health conditions.

3. Discuss primary prevention services, secondary prevention services, and tertiary prevent services.

   Answer: Primary prevention services place emphasis on preventing or reducing the probability of the occurrence of a disease in the future. Primary prevention services are most

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often provided in public and private institutions and focus on providing health education about health care risks. Examples of primary prevention services include immunizations, weight loss programs, smoking cessation and prevention education, and handwashing to prevent the spread of communicable diseases.

Secondary prevention services focus on the early detection and treatment of disease in an effort to cure or control the effects of the disease or condition. The ultimate goal of secondary prevention is to minimize the impact of a disease after the individual already has a condition such as diabetes. The goal of secondary prevention is to decrease the detrimental impact of the disease once the individual already has been living with it. Examples of secondary prevention services include blood pressure screening, mammograms, colonoscopies, and pap smears.

Tertiary care is focused on providing services to individuals who already have symptoms of a disease in an effort to prevent further damage from the disease, slow down the progression, prevent complications from occurring, and to restore optimal health to the person living with the condition such as diabetes or heart disease. An example of tertiary care is providing a diabetic patient with education and counseling on the care of wounds.

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