Delivering Health Care in America 8th edition Shi Test Bank

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Chapter 1: An Overview of U.S. Health Care Delivery

Short Answer

1. For most privately insured Americans, health insurance is _____; that is, their employers finance health care as a fringe benefit.
Ans: employer-based
Complexity: Easy
Ahead: Basic Components of a Health Care Delivery System
Subject: Chapter 1
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Multiple Choice

1. Under free market conditions, the relationship between the quantity of medical services *demanded* and the price of medical services is:
A) unknown.
B) equal.
C) direct.
D) inverse.
Ans: D
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
Subject: Chapter 1
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2. Reimbursement is associated with which of the quad functions?
A) Financing
B) Insurance
C) Delivery
D) Payment
Ans: D
Complexity: Easy
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3. In a free market, who would pay for the delivery of health care services?
A) Employers
B) Patients
C) Government
D) Multiple payers
Ans: B
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
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4. When providers deliver unnecessary services with the objective of protecting themselves against lawsuits, this practice is called:
A) defensive medicine.
B) supplier-induced demand.
C) primary protection.
D) legal risk.
Ans: A
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
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5. A method of payment in which providers are reimbursed based on the quality of health care they deliver is called:
A) fee-for-service
B) capitated payments
C) bundled payments
D) pay-for-value
Ans: D
Complexity: Easy
Ahead: Trends and Directions
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6. When the COVID-19 pandemic occurred in 2020, what health care sector received a huge boost in utilization and growth?

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A) elective procedures
B) telemedicine
C) complementary/alternative medicine
D) outpatient services
Ans: B
Complexity: Easy
Ahead: Trends and Directions
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7. Which of the following is NOT a function of managed care?
A) increases patient engagement by promoting and facilitating patient-provider communication
B) determines the price of services and how much providers are paid
C) seeks to achieve efficiency by integrating the four functions of health care delivery
D) employs mechanisms to control (manage) utilization of medical services
Ans: A
Complexity: Easy
Ahead: An Overview of the Scope and Size of the System
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True/False

1. True or False? In a free market, multiple patients and providers act interdependently.
Ans: False
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
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2. True or False? The central agency that delivers health care in the United States is Medicare.
Ans: False
Complexity: Easy
Ahead: A Broad Description of the System
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3. True or False? In a single-payer system, the primary payer usually is an insurance company.
Ans: False
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
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4. True or False? Moral hazard has to do with insured patients' demand for health care services.
Ans: True
Complexity: Easy
Ahead: Major Characteristics of the U.S. Health Care System
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5. True or False? The United States provides universal health care coverage.
Ans: False
Complexity: Easy
Ahead: Health Care Systems of Other Countries
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6. True or False? The U.S. healthcare system is a fragmented, loosely coordinated network that involves a diverse array of organizations and individuals.
Ans: True
Complexity: Easy
Ahead: An Overview of the Scope and Size of the System
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Essay

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Test Bank

1. Compare and contrast Medicare, Medicaid, and CHIP and provide at least one example of people who can benefit from each program.
Ans: Medicare, Medicaid, and CHIP are all programs administered by the federal government. Medicare covers senior citizens and certain disabled individuals; Medicaid covers people who cannot pay for health care; and CHIP provides health care for children from low-income families.
Complexity: Difficult
Ahead: Insurance and Health Care Reform
Subject: Chapter 1
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