# *Clinical Medical Assisting A Professional Field Smart Approach to the Workplace 2nd edition Heller Test Bank*

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# Chapter 02 Clinical Trends in Healthcare

## MULTICHOICE

**1.** The health care model in which the provider is reimbursed according to the type and amount of services provided with no emphasis on patient outcomes is known as:

(A) HMO.

(B) PPO.

(C) fee for service.

(D) capitated.

**Answer :** (C)

**2.** What is considered the primary cause of soaring health care costs?

(A) Chronic disease

(B) Waste, fraud, and abuse

(C) Obamacare

(D) Hospital emergency room over utilization

**Answer :** (A)

**3.** Identify the four health risk behaviors that contribute to chronic disease.

(A) Lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol

(B) Over exertion, nutritional imbalance, smoking, and drinking

(C) Lack of physical activity, balanced nutrition, tobacco use, and too much alcohol

(D) Too much physical activity and stress, poor nutrition, and smoking

**Answer :** (A)

**4.** _____ are reimbursed through care processes and measurable goals related to outcomes, as well as overall patient satisfaction.

(A) Patient-centered medical homes

(B) Pay for performance organizations

(C) Health maintenance models

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(D) Urgent care centers

**Answer :** (B)

**5.** _____ are sometimes referred to as medical communities, are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high quality care to their Medicare patients.

(A) Pay for performance organizations

(B) Accountable care organizations

(C) Patient-centered medical homes

(D) Fee for service models

**Answer :** (B)

**6.** The approach toward health care where the patient is an integral partner in setting health goals and the medical team works collaboratively with one another is the:

(A) accountable care approach.

(B) organizational approach.

(C) patient-centered approach.

(D) health maintenance approach.

**Answer :** (C)

**7.** In this health care model, the team coordinator (usually the primary care provider) oversees the patient's treatment, creates a care plan, and distributes parts of that care to other members of the team including physician assistants, nurse practitioners, medical assistants, dieticians, social workers, and others.

(A) Pay for performance

(B) Pay for coordination

(C) Fee for service

(D) All of the above

**Answer :** (B)

**8.** Which health care model is designed to facilitate partnerships between patients and their physicians and may be part of an accountable care organization, and helps to ensure that the patient receives continuity of care, the facility has the ability to mine their data to track

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patient outcomes, and the facility works toward continuous quality improvement?

(A) Pay for performance organizations

(B) Accountable care organizations

(C) Patient-centered medical homes

(D) Fee for service models

**Answer :** (C)

**9.** What is the nonprofit organization that accredits a wide range of health care organizations, including health plans, disease management programs, and physician organizations?

(A) NCQA

(B) PCMH

(C) CMS

(D) HHS

**Answer :** (A)

## MATCH

**10.** Match the 2014 PCMH Standard to the Summary of Requirements.**11.** In order for the newer delivery models to be effective, the health care practice must be actively engaged in _____, which involves the exchange of health information in an electronic environment.

(A) health record technology

(B) medical record technology

(C) health information technology

(D) practice management technology

**Answer :** (C)

**12.** The Institute for Healthcare Improvement (IHI) initiated a movement referred to as the Triple Aim Initiative which pursues three dimensions of HIT designs. Which of the following is *not* one of the three dimensions?

(A) Reducing waste, fraud, and abuse.

(B) Reducing the per capita cost of health care.

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(C) Improving the health populations.

(D) Improving the patient experience of care (including quality and satisfaction).

**Answer :** (A)

**13.** Because the medical assistant is part of an integral team whose reimbursement is contingent on patient outcomes and experience, accountability is greater. Which of the following is *not* one of the ways to implement care plans?

(A) Making the reports accessible to patients by emailing them to the patient.

(B) Tracking the patient to make certain he or she follows through with outside testing

(C) Carefully screening patients, developing the chief complaint, and sharing findings with the provider

(D) Entering computerized orders into the electronic medical record

**Answer :** (A)

**14.** According to Dr. Busey, the most important aspect of the patient screening process is:

(A) developing the chief complaint.

(B) medication reconciliation.

(C) computer physician order entry.

(D) recording the vital signs.

**Answer :** (B)

## MATCH

**15.** Match the term to its definition.**16.** The IHI has had recent discussion that a possible fourth measure should be added to its Triple Aim Initiative. What is that fourth measure?

(A) To address staff satisfaction and physician burnout.

(B) To integrate all health care EHR systems.

(C) Make all labs interoperable with each EHR system.

(D) To reduce waste, fraud, and abuse in health care.

**Answer :** (A)

**17.** Which Title of the PPACA addresses "Prevention of Chronic Disease and Improving Health”?

(A) Title I

(B) Title II

(C) Title III

(D) Title IV

**Answer :** (D)

**18.** According to Ursula Bauer of the Centers for Disease Control and Prevention, chronic health problems such as cardiovascular disease, diabetes, obesity, cancer, and kidney disease account for more than _____% of the nation's $2.7 trillion in annual spending for medical care.

(A) 35

(B) 50

(C) 75

(D) 90

**Answer :** (C)

**19.** According to a recent Bloomberg study on health care efficiency, the United States spends an average of _____ per capita on health care?

(A) $1,409.00

(B) $2,490.00

(C) $6,808.00

(D) $8,608.00

**Answer :** (D)

**20.** Why is it important that medical assistants are familiar with the newer health care models?

(A) Newer health care models and associated changes impact everyone on the health care team and the way health care is delivered.

(B) Clinical team members must gain a new mind-set that medicine is no longer just about taking vital signs and performing procedures.

(C) Every clinician on the health care team will play an integral role in disease prevention, health maintenance, and patient satisfaction.

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(D) All of the above

**Answer :** (D)

**21.** Pay for performance organization are reimbursed through care processes and measurable goals related to outcomes, as well as:

(A) overall patient satisfaction.

(B) overall employee satisfaction.

(C) administrative outcomes.

(D) clinical advancements.

**Answer :** (A)

**22.** A patient-centric approach focuses on the whole person, not just the condition, and measures _____ as well as quality of health.

(A) vital sign improvement

(B) mental improvement

(C) quality of life

(D) All of the above

**Answer :** (C)

**23.** The highest level of certification a patient-centered medical home can receive is:

(A) Level 1.

(B) Level 2.

(C) Level 3.

(D) Level 4.

**Answer :** (C)

**24.** Dr. Busey describes the typical workflow in his PCMH practice that begins each day with:

(A) a provider staff meeting.

(B) an employee staff meeting.

(C) previous day round-up.

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(D) a morning team huddle.

**Answer :** (D)

**25.** At the end of each visit, Dr. Busey's PCMH provides the patient with:

(A) a print out with the next patient visit.

(B) a written medication reconciliation and summary of the encounter with an updated care plan to the patient.

(C) a written lab order with instructions.

(D) a print out of emergency contact numbers for the patient to reach his or her provider.

**Answer :** (B)

## MATCH

**26.** Match the "factor" to the example of external factors of the PCMH that can influence outcomes.
*Note: Answer may be used more than once.*

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