

# Test Bank for The Global Healthcare Manager Competencies Concepts and Skills 1st Edition by Counte

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# Test Bank

1. ch12-001

Individuals living alone without a family member to provide for their caregiving needs are sometimes known as what?

- a. Older adults
- b. Homeless adults
- \*c. Elder orphans
- d. Adults with disabilities

2. ch12-002

Which is the most common living arrangement for older adults in developing countries?

- \*a. Co-residence
- b. Nursing homes
- c. Assisted living facilities

3. ch12-003

What is the Butterfly model of care?

- a. A layout model for nursing facilities
- \*b. A model emphasizing the importance of emotional intelligence in dementia care
- c. A model for promoting fine arts in nursing homes
- d. A model that will soon replace methods of care in the United States

4. ch12-004

Which workforce group is among the most solicited and sought out in long-term care worldwide?

- a. Facility administrators
- b. Direct care workers
- c. Aides
- \*d. Both b and c

5. ch12-005

Which of the following contributes to high turnover rates for direct care workers?

- a. No demand for them
- b. No older adults requiring services
- \*c. Lack of respect and value
- d. Lack of supplies

6. ch12-006

Which of the following is not a long-term care services delivery system?

- a. Universal coverage
- \*b. Formal system
- c. Mandatory insurance program
- d. Mixed approach, with both public means-tested elements and private insurance

7. ch12-007

The CCRC concept was adopted in which of the following countries?

- a. Japan
- b. Thailand
- \*c. China
- d. Sweden

8. ch12-008

Medicaid is *not* based on which of the following?

- a. Income
- b. Household structure
- \*c. Medical history
- d. Personal assets

9. ch12-009

Which of the following countries rarely, if ever, provides support for informal caregivers?

- a. Sweden
- b. Japan
- c. United States
- \*d. China

10. ch12-010

Japan does not practice filial piety as a source of caregiving.

- a. True
- \*b. False

11. ch12-011

Adults with chronic and disabling conditions are the only individuals requiring skilled nursing care in their older years.

- a. True
- \*b. False

12. ch12-012

Alzheimer's disease and dementia are synonymous and the same thing.

- a. True
- \*b. False

13. ch12-013

China has two systems that provide care to its older adults.

- \*a. True
- b. False

1. ch02-001

The Canadian healthcare financing system relies on the government to set payment rates for private providers. Government setting of rates for private providers is most commonly associated with what type of global system?

- a. Bismarck model
- b. Beveridge model
- c. Social insurance model.
- \*d. National insurance model
- e. Universal healthcare
- f. Private pay or out-of-pocket system

2. ch02-002

A Keynesian approach to holding down national health expenditures would be likely to include which of the following initiatives?

- a. Removing information asymmetries to encourage patients to shop for services
- b. Limiting the number of PET scanners within a given community
- c. Instituting a high-deductible health plan
- d. Placing a cap on the maximum price a physician can charge for a service
- e. Both a and c
- \*f. Both b and d

3. ch02-003

National healthcare expenditures vary significantly by country. Even after reporting the expenditures on a per capita basis, the variances persist. From a macroeconomic perspective, what accounts for the differences in per capita healthcare spending?

- a. The population of the country
- b. The intensity of utilization per person
- c. The price of services rendered
- \*d. Both b and c
- e. All of the above

4. ch02-004

Why does participation in a private insurance market require a risk-averse population?

- a. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting health status risk.
- \*b. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of covering loading factors.
- c. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting population health risks.
- d. There must be a difference between the expected medical costs and the income associated with the expected utility as a means of offsetting medical care risk.
- e. Private insurance markets only require a risk-neutral population.

5. ch02-005

In a fee-for-service payment model, physicians have a financial incentive to

- a. decrease the number of services they provide, which will drive down national health expenditures.
- \*b. increase the intensity of utilization for a patient, which will increase national health expenditures.
- c. decrease medical care risk for an individual patient.
- d. treat the patient exactly the same as under a prospective payment model.
- e. decrease the health status risk for the patient.

6. ch02-006

How might a social insurance model generate the majority of the revenue needed to cover medical expenses for a given population?

- a. Direct taxes
- b. Indirect taxes
- c. International grants
- \*d. Employment taxes
- e. Revenues from state-owned enterprises

f. Consumption taxes

7. ch02-007

In general, restrictions on the availability of healthcare services

- a. increase unit prices and the quantity of services demanded.
- b. decrease unit prices and the quantity of services demanded.
- c. increase the price paid but decrease the quantity rendered.
- d. are typically paired with price controls to limit the impact on patients.
- \*e. Choices c and d
- f. Choices b and d

8. ch02-008

Preexisting conditions

- a. increase medical care risk for the sponsoring entity.
- \*b. increase health status risk for the sponsoring entity.
- c. increase the risk premium for the sponsoring entity.
- d. Both a and b
- e. Both b and c
- f. All of the above

9. ch02-009

Medical care risk is most closely associated with which of macroeconomic drivers of healthcare expenditures?

- a. Intensity of utilization
- b. Population
- c. Price
- \*d. Both a and c
- e. None of the above
- f. Choices a, b, and c

10. ch02-010

Pooling of health revenues on behalf of a population can be used to redistribute funds

- a. from low-cost individuals to high-cost individuals.
- b. from those working to those who have retired.
- c. to cover vulnerable individuals.
- d. to patients in the future.
- \*e. All of the above
- f. None of the above

11. ch02-011

A strategic healthcare purchaser should make choices based on which of the following?

- a. Population needs
- b. Availability of effective medical interventions
- c. The relative cost-effectiveness of interventions
- d. The utilization of services
- e. The quality and efficiency of services
- \*f. All of the above

12. ch02-012

A centrally planned healthcare system is most likely to be associated with which of the following?

- a. A private insurance market
- \*b. Universal care
- c. National insurance
- d. Social insurance
- e. Both a and c
- f. Both b and d

13. ch02-013

Prospective payments to providers can be paired with quality measures to

- \*a. prevent potential underprovision of care.
- b. reduce health status risk.
- c. decrease population health risk.
- d. All of the above
- e. Choice a and b
- f. Choices b and c

14. ch02-014

Assuming the willingness to pay does not change, making participation in insurance pools voluntary will likely

- a. increase the average medical costs per capita.
- b. decrease the average medical costs per capita.
- c. decrease the money available for loading factors or a risk premium.
- d. increase the loading factors or risk premium.
- e. Both a and d
- \*f. Both a and c

15. ch02-015

Which of the following payment mechanisms are not associated with prospective payment models?

- a. Global budgets
- b. Capitation
- c. Case rates
- d. Diagnosis-related groups
- e. Composite rates
- \*f. None of the above

16. ch02-016

To constrain national healthcare expenditures, governments have been moving to pay specialists and acute care hospitals on a FFS basis.

- a. True
- \*b. False

17. ch02-017

Privately financed healthcare accounts for the majority of global healthcare expenditures.

- a. True
- \*b. False

18. ch02-018

Health insurance works (in aggregate) because it guarantees individuals a higher utility relative to not having the insurance coverage.

- \*a. True
- b. False

19. ch02-019

Private insurance or out-of-pocket insurance is consistent with lower national health expenditures and higher-quality care.

- a. True
- \*b. False

20. ch02-020

Health insurance transfers a contingent loss in exchange for a fee or premium.

- \*a. True
- b. False