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The voice of public health physicians, guardians of the public's health

Preventive Services ToolKit PSA, Epi, COPC Workshop

Post Test Questionnaire

(place and date)

October 8, 2006

Answer Key

Intro Module

I-1: Which of the following is an **incorrect** statement reflecting why supplemental health education services are rarely provided to racial and ethnic minority patients in healthcare settings:

A. Healthcare administrators tend to see selective provision such services as a social, not medical service.
B. Health insurance plan and HMO administrators tend to see health education as discriminatory.
C. **Medical staff rarely sees the need for such supplemental educational programming.**
D. Identification of the individuals who could benefit from such services is seen by some as a violation of HIPAA regulations.

I-2: The Mindsets to be considered in the ***PSKT*** workshop are:

A. Personal, Technical, Administrative, Policy/Political, and Organizational Culture
B. Medical, Public Health, and Community
C. Scientific, Fiscal, Policy, Political, and Personal Preference
D. Universal, Selective, Indicated, System-wide

I-3: The Medical data model defines issues and tracks data in terms of:

A. Diagnosis and medical procedure
B. Risk factor for illness or adverse outcome
C. Race, sex and socio-economic status
D. Behavioral determinants of adherence to medical recommendations

Evidence Module

E- 1**:** A recommendation of "I" by the U.S. Preventive Services Task Force has which meaning?

A. Strongly recommend
B. Recommended against routine use
C. Insufficient evidence to recommend for or against
D. No recommendation

E-2: What is Healthy People 2010?

A. A national program to reduce the major risk factors of chronic disease
B. An annual report on U.S. health statistics
C. A plan to provide health insurance for all
D. A set of national health goals & objectives for the Year 2010

E-3: Where are CDC guidelines and recommendations usually published?

A. Public Health Reports
B. Mortality and Morbidity Weekly Report
C. The Journal of the AMA
D. The Annals of Internal Medicine

Planning Module

P-1: Which of the following is **not** a substantial barrier to reimbursement of clinical preventive services – from an insurance company perspective:

A. Preventive services are seen as less effective than therapeutic services.
B. Some preventive services are seen as social or educational services, rather than medical services.
C. Return on investment is likely to be short-term in terms of reduction in healthcare costs.
D. Preventive services are unrelated to the patient's chief complaint.

P-2: For planning and evaluation purposes, the most important reason statistical differences "meaningful" at the level of $p<0.2$ are considered more useful than "statistically significant" differences at the level of $p<0.05$ because.

A. In most healthcare and public health settings, it is virtually impossible to demonstrate improvements in health outcomes or cost reductions from one year to the next that are "significant" at the $p<0.05$ level.
B. Politicians and other non-medical decision makers tend to consider statistical difference meaningful if the difference is "more likely than not" -- a standard much less rigorous than the traditional $p<0.05$ level.
C. One should never use a statistical guideline less rigorous than $p<0.05$ – because such differences are too small to be meaningful for planning and evaluation purposes.
D. It is virtually impossible to publish studies in a peer-reviewed journal if the benefit of the preventive services is not significant at the $p<0.05$ level

Data Module

True or False:

D-1: HIPAA prohibits use of health information by which individual patients might be identified for any purpose other than delivery of healthcare to that person – unless written permission is secured to release such information for research and other purposes. **True:**___ False:___

D-2: In addition to protecting the privacy and confidentiality of patients, HIPAA also provides similar protection for physicians and other healthcare professionals, and for healthcare plans and facilities. True:___ **False:**___

D-3: HIPAA only applies to electronic health records and related electronic health data systems (such as billing, pharmacy, etc) – but not to paper records or to health information held by external vendors of health-related services. **True:**___ False:___

D-4: HIPAA addresses use of health information for patient care, research, public health and commercial purposes, but does not address use of such information for planning and evaluating clinical preventive services**. True**:___ False:___

Epi Module

E-1: When using Epidemiology as a policy tool, the primary focus should be:

A. The statistical significance of differences between cases and controls.
B. Identification of the cases of the illness in question.
C. Identification of the sub-population at greatest risk.
D. Determination of the type of intervention most likely to be accepted by the population at risk.

E-2: Syndemics is:

A. A statistical procedure for teasing out the impact of multiple health conditions affecting a given population
B. An ecological/systems approach to the study of synergistic epidemics affecting a specified community.
C. A policy tool for predicting the outcome of proposed preventive interventions in real-world settings
D. A research tool intended to focus upon the social and cultural determinants of risk of preventable illness.

E-3: Epidemiology can help guide health policy decisions by:

A. Replacing guesswork and anecdotal impressions with medical and public health science.
B. Replacing values with medical and public health science.
C. Decreasing the cost of proposed preventive services.
D. Eliminating the need to separately consider the health outcomes of indigent and minority sub-populations.

PSA Module

PSA-1**:** Power, in an organizational setting, is:

A. Level of administrative authority plus budget and number of staff under your personal control.
B. In-depth knowledge of the clinical and public health literature
C. Charm and popularity.
D. The ability to get others in the organization to do what you want them to do.

PSA-2: Which of the following is **not** a benefit likely to be gained by doing a Power Structure Analysis?

A. Leverage – the ability to use the perspective of one or more of the major stakeholders to influence others on your behalf
B. Enhancement of the job security of the person advocating for adoption of a new program or policy.
C. Determine feasibility of acceptance of your proposal prior to a major investment of time and energy to sell the proposal
D. Determine in advance who is likely to care enough to either support or oppose your proposal.
E. Identify alternative strategies that you might not have otherwise considered to achieve the goals of your proposed program.

PSA-3: The primary reason professional staff engage in "games" in healthcare settings is:
A. The need for recreation and relaxation.
B. To enhance the efficiency of the organization
C. Self deception
D. A desire to enhance their own careers at the expense of the organization.

PSA-4: Power Structure Analysis teaches that the most important resource is:
A. Dollars
B. Staff
C. A high level of administrative authority
D. Political will

Cost Module

C-1: If, after three to five years of providing a preventive service – the service no longer shows year-to-year improvements in cost-related and health outcomes, the program should be:
A. Eliminated because it is no longer effective
B. Re-evaluated to determine the reason for the lack of continuing benefit
C. Evaluated to consider the possibility of saturation of benefit.
D. Maintained, even if relatively ineffective, for marketing purposes.

C-2: The most important reason to understand and effectively use cost-related analyses in healthcare settings is to:
A. More **effectively communicate with policymakers who see everything in dollar terms.**

B. Advocate for new or expanded disease management programming.
C. Facilitate adoption of evidence-based interventions.
D. Protect your program from budget cuts.

C-3: According to Maciosek et al, in the 2006 national ranking of preventive services by Cost Effectiveness, the following have a "5" ranking, indicating cost-savings:

A. Influenza immunization
B. Colorectal Cancer Screening
C. Child vision screening
D. **Older adult vision screening**

True or False:

C-4: Cost/Benefit Analysis is dollar cost per unit of benefit. True___ **False**___

C-5: "Return on Investment (ROI)," as commonly used in managed care settings usually considers indirect costs and reductions in physician productivity related to health education programming. . True___ **False**___

Partnering Module

COPC-1: How is a community different from a sub-population?

A. A community can be defined in terms of race, sex and geographic area of residence.
B. A community can be defined by enrollment in a health insurance plan.
C. Membership in a community can be readily determined from demographic and social information in the medical record.
D. **A community can be defined in terms of terms of membership or participation in a church or social organization**

COPC-2: The Community Oriented Primary Care (COPC) protocol strongly recommends partnering with the community. What is "partnering" in this context?

A. Partnering is getting community input into programming you are proposing.
B. Partnering is a one-on-one process by which you seek the support of other persons and agencies
C. Partnering in a group process by which one meets with and engages others as equals in pursuit of shared goals and objectives.
D. Partnering is a legally binding agreement to establish a new business entity.

COPC-3: What is the most substantial reason for a healthcare entity to partner with community stakeholders?

A. For marketing the services of the healthcare provider or insurance company.
B. To secure health status improvements and reductions in healthcare costs that might not be reachable by any other means.
C. To join forces in advocating for pieces of legislation in the state legislature.
D. To improve the cultural sensitivity of the healthcare provider.

COPC-4: According to the COPC module, what is the **best approach for the Department of Pediatrics in an academic healthcare setting** to begin the process of partnering with the community?

A. Pull together an internal COPC team to define one or more communities of interest, pull together some population health data and conduct a Power Structure Analysis to determine who within the community should participate on the cluster committee.

B. Develop some ideas as to the kinds of community-based preventive services you would like to have the community develop on your behalf and conduct a Power Structure Analysis to determine who should participate on the cluster committee.

C. Poll the patients in your clinic waiting room to determine what kinds of clinical and community preventive services they would like to receive, then share this information with your medical staff to secure their support and participation in the cluster committee.

D. Start by networking with selected opinion leaders in the lay community to determine what kinds of programming they would like to see, then consult the published literature and evidence base to develop a specific proposal to be presented to the cluster committee.