

# Care CEUs

## The Science and Practice of Improving Health Care

### Introduction to the Series Development

1. How many key dimensions of high-quality care does the Institute of Medicine define?

- A. 3
  - B. 4
  - C. 5
  - D. 6
- 

2. The pursuit of better health and health care quality challenges the research field to bridge the gap between medical thinking and social science thinking.

- A. True
  - B. False
- 

3. Which of the final set of criteria for the current series of key questions and framework talks about the relevance of the topic to patients, conditions, or setting that are underrepresented in research?

- A. Impact
  - B. Improvability
  - C. Inclusivity
  - D. None of the above
- 

4. Which of the following is at the "Micro" level for closing the quality gap series?

- A. Clinician
  - B. Policy
  - C. Delivery Org
  - D. All of the above
- 

### Cross-Topic Summary

**5. All audiences can actively engage in efforts to improve health care quality.**

- A. True**
  - B. False**
- 

**6. Which quality lever does Medication Adherence fall under?**

- A. Information**
  - B. Incentives**
  - C. Infrastructure**
  - D. All of the above**
- 

**7. Medication Adherence focused on the health care provider and HAI focused on the patient as their particular targets.**

- A. True**
  - B. False**
- 

**8. Resource availability falls under which type of contextual factor examined?**

- A. Economic considerations**
  - B. Patient characteristics**
  - C. Organizational characteristics**
  - D. None of the above**
- 

**9. Two studies of Medicare programs that met PCMH inclusion criteria found that when program costs were considered, the overall cost of care was lower for the PCMH intervention.**

- A. True**
  - B. False**
- 

## **Implications for Future Evidence Reviews**

**10. The series analytic framework may be a starting point for organizing subgroups with needs for different adaptations of the Methods Guide, but it does not address the "\_\_\_\_\_" to do reviews for each of these groups.**

- A. Who**
  - B. How**
  - C. What**
  - D. Where**
-

**11. EPCs create the analytic framework to show how an intervention is hypothesized to influence a population's outcomes.**

- A. True**
  - B. False**
- 

**12. Evidence from the reporting review supported the hypothesis that providers and systems administrators make changes in response to public reporting. The review also found strong evidence that patients change their behavior in response to publicly reported information.**

- A. True**
  - B. False**
- 

**13. In the case of complex topics directed at health care quality enhancement, it is recommended extending the PICOTS categories to add an "L" for which model?**

- A. Linguistics**
  - B. Logic**
  - C. Linkage**
  - D. Limits**
- 

**14. The literature in this field appears to be susceptible to reporting bias, making it difficult to determine whether published studies are presenting all of the interventions and outcomes that were explored.**

- A. True**
  - B. False**
- 

## **Quality Improvement: Next Steps in an Evolving Field**

**15. The topic team estimated that the amount of evidence relating to the effectiveness of PCHM as a delivery model will more than \_\_\_\_\_ in the next few years.**

- A. Double**
  - B. Triple**
  - C. Quadruple**
  - D. None of the above**
-

**16. Authors of the Bundled Payment report found that implementations of this payment model are shifting from predominantly complex multiple-setting initiatives to more single setting designs.**

- A. True**
  - B. False**
- 

**17. Among all eight reports, only \_\_\_\_\_ conclusions, both related to contextual factors impacting effectiveness of public reporting, were based on high strength of evidence.**

- A. 1**
  - B. 2**
  - C. 3**
  - D. 4**
- 

**18. Which of the following topics were not applicable for all of the recommendations for improving the quality of evidence across the Closing the Quality Gap series?**

- A. Bundled payment**
  - B. PCMH**
  - C. HAI**
  - D. Disability outcomes**
- 

## **Appendix A. Topic Findings by Report**

**19. Although alternatives have been proposed and piloted, fee-for-service remains the predominant method of paying for health care in the United States.**

- A. True**
  - B. False**
- 

**20. Which PCMH Key Question is: "In published primary-care-based evaluations of comprehensive PCMH interventions, what individual PCMH components have been implemented?"**

- A. 1**
  - B. 2**
  - C. 3**
  - D. 4**
- 

**21. The analyses performed by Public Reporting as a Quality Improvement Strategy separated studies into four groups according to the type of health care entity for which**

data were publicly reported. Which of the following is not one of the four groups?

- A. Long-term care services
  - B. Hospitals
  - C. Health plans
  - D. Dental plans
- 

22. One study of poor quality found that message tone (risk vs. benefits) influenced use of public reports, while use of email vs. mail did not.

- A. True
  - B. False
- 

23. When measuring outcomes of care for people with disabilities, specific medical care needs related to all of the following ambulatory-care-sensitive conditions were included in the review, except which one?

- A. Cancer
  - B. Asthma
  - C. Obesity
  - D. Pneumonia
- 

24. When looking at the data for interventions to improve health care and palliative care for advanced and serious illness, in 2009, fewer than half of patients who died in the United States received any hospice care.

- A. True
  - B. False
- 

## Appendix B. Focus on Action: Key Messages for Improving Quality

25. Reducing out-of-pocket medication costs improves adherence.

- A. True
  - B. False
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