

Health Care Delivery System Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

- 1. Which core measure is often assessed to determine patient satisfaction?**
 - A. Patient safety incidents.**
 - B. Medications prescribed.**
 - C. HCAHPS scores.**
 - D. Staff turnover rates.**
- 2. What are the implications of high health care costs on patient access?**
 - A. High costs improve access to services**
 - B. They can limit access and lead to poorer health outcomes**
 - C. High costs have no effect on patient access**
 - D. They ensure better care for those who afford it**
- 3. What type of organization employs primary health providers on a set salary and promotes preventive medicine?**
 - A. Health Savings Account**
 - B. Health Maintenance Organization**
 - C. Provider Network**
 - D. Indemnity Plan**
- 4. Nutrition counseling for young adults with a strong family history of high cholesterol is an example of which type of activity?**
 - A. Primary Prevention Activity**
 - B. Tertiary Prevention Activity**
 - C. Secondary Prevention Activity**
 - D. Health Promotion Activity**
- 5. Ambulatory care centers are known for being?**
 - A. Located solely in rural areas**
 - B. Only open for emergency cases**
 - C. Conveniently located with a variety of services available**
 - D. Exclusively for surgical patients**

- 6. What is one of the main benefits of interprofessional collaboration in health care?**
- A. Increased administrative workload**
 - B. Enhanced care coordination**
 - C. Delayed patient services**
 - D. Reduction in team communication**
- 7. What is the significance of stakeholder engagement in health care policy?**
- A. It ensures that diverse perspectives are considered, leading to more effective and equitable health policies**
 - B. It minimizes costs associated with health care delivery**
 - C. It focuses primarily on financial outcomes for health institutions**
 - D. It prioritizes regulatory compliance over patient outcomes**
- 8. Which program was designed specifically for persons over the age of 65?**
- A. Medicaid**
 - B. Medicare**
 - C. Social Security**
 - D. Supplemental Insurance**
- 9. What type of healthcare arrangement allows clients to choose providers outside of a group, with the understanding that they will pay additional out-of-pocket expenses?**
- A. Health Management Organization**
 - B. Preferred Provider Arrangement**
 - C. Exclusive Provider Organization**
 - D. Point of Service Plan**
- 10. What is a critical step in the patient admission process?**
- A. Nurse dictates the patient's entire care plan.**
 - B. Wait for the physician's orders before any assessment.**
 - C. Room assignment is prepared by nursing staff.**
 - D. Documentation of need assessments is not required.**

Answers

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1. C
2. B
3. B
4. A
5. C
6. B
7. A
8. B
9. B
10. C

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Explanations

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1. Which core measure is often assessed to determine patient satisfaction?

- A. Patient safety incidents.**
- B. Medications prescribed.**
- C. HCAHPS scores.**
- D. Staff turnover rates.**

The choice of HCAHPS scores as a core measure to determine patient satisfaction is based on its specific design to capture patients' perspectives on hospital care. HCAHPS, which stands for Hospital Consumer Assessment of Healthcare Providers and Systems, is a standardized survey instrument that asks patients about their experiences during a recent hospital stay. The HCAHPS survey covers various dimensions of care, including communication with nurses and doctors, responsiveness of hospital staff, pain management, cleanliness of the hospital environment, and the overall rating of the hospital. The results are publicly reported, allowing for comparison between hospitals. This focus on the patient experience makes HCAHPS scores a critical tool for assessing satisfaction and improving care quality. Other measures, while important in their own right, do not directly evaluate patient satisfaction. For example, patient safety incidents relate to the quality of care but do not necessarily reflect the patient's subjective experience. Medications prescribed may indicate the appropriateness of treatment but do not assess the patient's experience. Similarly, staff turnover rates give insights into staff stability and organizational health but do not measure how patients perceive their experiences in the hospital. Hence, HCAHPS scores are uniquely suited for evaluating patient satisfaction in a healthcare setting.

2. What are the implications of high health care costs on patient access?

- A. High costs improve access to services**
- B. They can limit access and lead to poorer health outcomes**
- C. High costs have no effect on patient access**
- D. They ensure better care for those who afford it**

High health care costs significantly affect patient access, often limiting it and leading to poorer health outcomes. When the costs of services, treatments, and medications rise, many individuals may find it financially burdensome or impossible to seek necessary care. This financial barrier can result in delayed treatment, skipped preventive care, or even avoidance of medical assistance altogether, particularly among lower-income or uninsured populations. Moreover, high costs can exacerbate health disparities, where vulnerable populations are disproportionately affected. With limited access, these individuals may experience worsening health conditions that could have been managed or prevented with timely medical intervention. Ultimately, this cycle contributes to broader public health concerns, as a population's overall health can decline when access to health care is restricted by financial constraints. By contrast, the other options misunderstand the relationship between health care costs and access. Some suggest high costs could improve access or have no effect, which overlooks the tangible barriers that financial constraints create. Others imply that higher costs might ensure better care for those who can afford it, but this negates the essential principle of equitable access that is fundamental to a healthy society.

3. What type of organization employs primary health providers on a set salary and promotes preventive medicine?

- A. Health Savings Account**
- B. Health Maintenance Organization**
- C. Provider Network**
- D. Indemnity Plan**

The type of organization that employs primary health providers on a set salary and promotes preventive medicine is a Health Maintenance Organization (HMO). HMOs are designed to provide comprehensive health care services to their members for a fixed fee. Unlike other models that may incentivize providers based on the volume of services rendered, HMOs focus on the overall health of their members through preventive care and health education, which can lead to better health outcomes and lower overall costs. In an HMO structure, providers are encouraged to keep patients healthy and manage chronic conditions effectively, rather than simply treating illnesses as they arise. This model often includes features such as reduced co-payments for preventive services, which further incentivizes members to engage in health promotion activities. By employing primary care providers and establishing a care team, HMOs ensure continuity of care and a coordinated approach to health services. Other options, such as Health Savings Accounts, Provider Networks, and Indemnity Plans, do not fit this description due to their differing focuses on cost-sharing, provider selection flexibility, and payment structures, usually centered around the treatment of illness rather than a proactive approach to maintaining health.

4. Nutrition counseling for young adults with a strong family history of high cholesterol is an example of which type of activity?

- A. Primary Prevention Activity**
- B. Tertiary Prevention Activity**
- C. Secondary Prevention Activity**
- D. Health Promotion Activity**

Nutrition counseling for young adults with a strong family history of high cholesterol is an example of a primary prevention activity. This type of activity focuses on preventing disease before it occurs. In this scenario, educating young adults about nutrition and lifestyle choices can help them reduce their risk of developing high cholesterol and related diseases, such as heart disease. Primary prevention strategies aim to mitigate risk factors and enhance overall health before the onset of disease. By targeting individuals with a genetic predisposition, health care providers can empower them with knowledge and skills to make healthier dietary choices, engage in regular physical activity, and adopt other preventive measures that can significantly impact their long-term health. While other options like secondary or tertiary prevention typically involve identifying and managing existing health problems (such as screening or treatment of diseases), the focus on education and lifestyle modification in this case aligns specifically with the goals of primary prevention. Additionally, health promotion activities could encompass a broader range of initiatives beyond just the one-to-one counseling aspect described in the question, focusing on community-wide efforts. Therefore, highlighting the preventive nature of nutrition counseling makes it a prime example of primary prevention activities in health care delivery.

5. Ambulatory care centers are known for being?

- A. Located solely in rural areas**
- B. Only open for emergency cases**
- C. Conveniently located with a variety of services available**
- D. Exclusively for surgical patients**

Ambulatory care centers are designed to provide convenient access to a wide variety of healthcare services. They offer outpatient services, meaning patients can receive care without being admitted to a hospital. These centers are strategically situated in easily accessible locations, allowing patients to obtain care for preventive services, routine check-ups, diagnostic tests, and minor procedures, among other services. This accessibility plays a critical role in improving health outcomes by enabling timely and efficient care. By offering a diverse range of services, ambulatory care centers help manage patients' needs in a more streamlined manner, alleviating pressure on emergency departments and inpatient facilities. Consequently, their convenience and the breadth of services available make them an essential component of the health care delivery system.

6. What is one of the main benefits of interprofessional collaboration in health care?

- A. Increased administrative workload**
- B. Enhanced care coordination**
- C. Delayed patient services**
- D. Reduction in team communication**

Enhanced care coordination is one of the main benefits of interprofessional collaboration in health care because it allows professionals from various health disciplines to work together towards a common goal of improving patient outcomes. When team members, such as doctors, nurses, pharmacists, and social workers, collaborate, they can share their unique perspectives and expertise. This results in a more holistic approach to patient care, where all aspects of a patient's health are considered, leading to better decision-making, streamlined processes, and ultimately improved patient satisfaction and safety. Such collaboration can reduce the risk of errors, avoid redundant testing, and ensure that all team members are informed about the patient's progress and needs. This coordinated approach fosters a more cohesive care experience, which is crucial in managing complex health issues and ensures that patients receive timely and appropriate interventions. In contrast, increased administrative workload, delayed patient services, and reduction in team communication do not align with the positive impacts seen in interprofessional collaboration. Instead, effective collaboration aims to mitigate these negative aspects and improve overall efficiency within the health care system.

7. What is the significance of stakeholder engagement in health care policy?

- A. It ensures that diverse perspectives are considered, leading to more effective and equitable health policies**
- B. It minimizes costs associated with health care delivery**
- C. It focuses primarily on financial outcomes for health institutions**
- D. It prioritizes regulatory compliance over patient outcomes**

Stakeholder engagement in health care policy is crucial because it ensures that a variety of perspectives are taken into account during the policymaking process. This inclusion of diverse viewpoints can lead to health policies that are not only more effective but also more equitable. By involving patients, health care providers, policymakers, and community members in the decision-making process, health care policies can better reflect the needs and priorities of the population they serve. Effective stakeholder engagement can help identify barriers to access, highlight areas of disparity, and ensure that the policies implemented are responsive to the unique challenges faced by different groups. The involvement of stakeholders can also foster trust and collaboration among various parties, which is essential for the successful implementation of health policies. In the long term, policies informed by a broad range of insights are more likely to achieve their intended outcomes and improve overall public health.

8. Which program was designed specifically for persons over the age of 65?

- A. Medicaid**
- B. Medicare**
- C. Social Security**
- D. Supplemental Insurance**

The program that was specifically designed for persons over the age of 65 is Medicare. Medicare is a federal health insurance program that primarily serves seniors, providing essential healthcare coverage for hospitalizations, physician visits, and other necessary medical services. It was established in 1965 to ensure that older adults have access to affordable healthcare, addressing the unique needs of this demographic. Medicaid, on the other hand, is a joint federal and state program that aids individuals with limited income, and it serves people of all ages, including children and low-income adults. Social Security provides financial assistance to retirees and disabled individuals based on their earnings history but does not directly cover healthcare costs. Supplemental Insurance typically refers to policies that provide additional coverage to Medicare enrollees, but it's not a standalone program designed for seniors. Thus, Medicare stands out as the dedicated program aimed specifically at individuals aged 65 and older.

9. What type of healthcare arrangement allows clients to choose providers outside of a group, with the understanding that they will pay additional out-of-pocket expenses?

A. Health Management Organization

B. Preferred Provider Arrangement

C. Exclusive Provider Organization

D. Point of Service Plan

The correct answer centers on the concept of flexibility in choosing healthcare providers coupled with out-of-pocket costs. A Preferred Provider Arrangement (PPA) operates under a framework where patients are encouraged to use a network of preferred providers to receive benefits at a lower cost. However, unlike some other managed care plans, patients in a PPA retain the flexibility to seek care outside the established network. When they choose to do so, they understand that they will incur additional out-of-pocket expenses. This arrangement balances choice and cost-sharing, allowing patients greater autonomy over their healthcare decisions while still promoting the use of in-network services to manage overall healthcare costs. In contrast, other options present default structures that limit choices or emphasize network loyalty. Health Management Organizations (HMOs), for instance, typically require members to select a primary care physician and obtain referrals for specialist care, limiting out-of-network options significantly. Exclusive Provider Organizations (EPOs) only cover services provided by a specific network of providers without the option for out-of-network care, while Point of Service Plans (POS) allow some flexibility but usually require members to initiate care through a primary care physician and obtain referrals, complicating the choice of out-of-network providers.

10. What is a critical step in the patient admission process?

A. Nurse dictates the patient's entire care plan.

B. Wait for the physician's orders before any assessment.

C. Room assignment is prepared by nursing staff.

D. Documentation of need assessments is not required.

A critical step in the patient admission process is the preparation of room assignments by the nursing staff. This step is essential for ensuring that patients are assigned to appropriate accommodations that suit their medical needs and preferences. Proper room assignment can enhance the patient's comfort, safety, and overall experience within the healthcare facility. When nursing staff prepares the room assignment, they consider factors such as the severity of the patient's condition, the need for specialized equipment, possible infection control measures, and the overall flow of patient care. This careful consideration helps streamline the admission process and ensures that patients receive timely and appropriate attention. In contrast, defining a complete care plan at the time of admission is not typically the role of the nurse, and assessments should generally be initiated promptly rather than delayed for physician orders. Additionally, documentation of needs and assessments is a crucial part of the admission process to facilitate communication among care providers and inform ongoing patient care.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://healthcaredeliverysys.examzify.com>

We wish you the very best on your exam journey. You've got this!