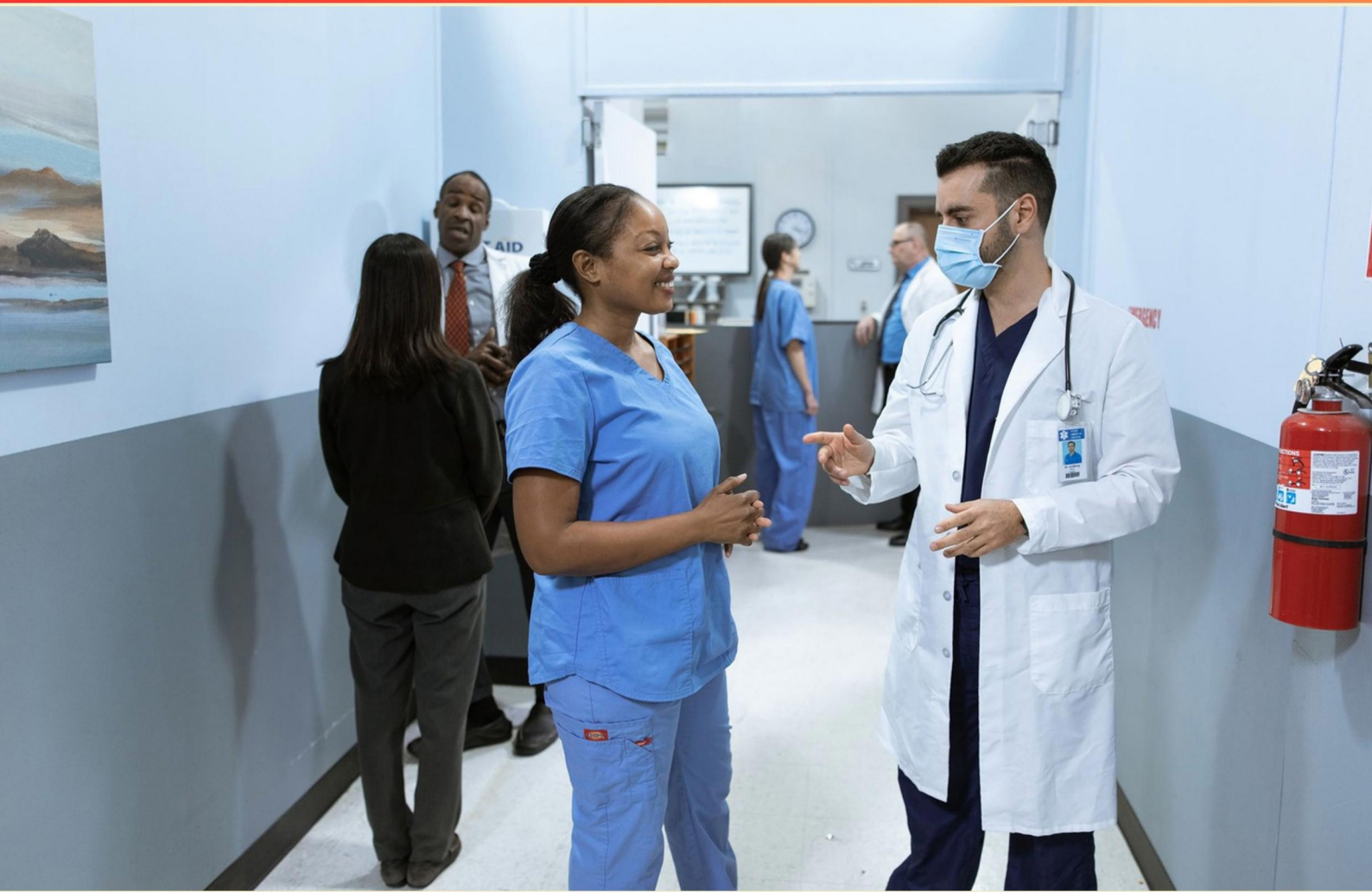


HEALTH CARE DELIVERY SYSTEM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://healthcaredeliverysys.examzify.com>



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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

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- 1. What does behavioral health encompass?**
 - A. Only mental health issues
 - B. Substance use disorders and emotional well-being
 - C. Physical health and nutrition
 - D. Emergency medical responses
- 2. What does DRG stand for in healthcare delivery?**
 - A. Disease Recovery Grant
 - B. Diagnostic Related Groups
 - C. Direct Recovery Guidelines
 - D. Diagnostic Referral Groups
- 3. Which of the following best describes a patient-centered medical home?**
 - A. A focus on patient autonomy only
 - B. A model that avoids care coordination
 - C. A care delivery model emphasizing care coordination and communication
 - D. A system prioritizing cost over patient outcomes
- 4. Which services are typically offered in physician offices?**
 - A. Only urgent care services
 - B. Minor surgeries, counseling, and referrals
 - C. Intensive care treatments
 - D. Home health services
- 5. Which care delivery method assigns one nurse to a single group of clients during a shift?**
 - A. Functional Method
 - B. Team Nursing
 - C. Case Method
 - D. Primary Nursing

- 6. Which type of health plan typically offers the most predictable client contributions?**
- A. PPO (Preferred Provider Organization)
 - B. POS (Point of Service)
 - C. Fee-for-service
 - D. HMO (Health Maintenance Organization)
- 7. In what way does continuity of care contribute to patient retention?**
- A. By focusing on individual treatment plans
 - B. By ensuring a seamless transition between services
 - C. By providing more marketing materials
 - D. By offering financial incentives
- 8. How is the quality of health care typically evaluated?**
- A. By assessing community outreach programs
 - B. Through financial audits and reports
 - C. By evaluating safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity
 - D. Through the number of patients treated
- 9. What is one characteristic of Health Maintenance Organizations (HMOs)?**
- A. They charge additional fees for specialist visits
 - B. They commonly limit choice of providers for patients
 - C. They require no prior authorization for services
 - D. They operate without referral requirements
- 10. Who primarily serves as the manager of a client's care within nursing practice?**
- A. The attending physician
 - B. The nurse practitioner
 - C. The registered nurse (RN)
 - D. The nursing aide

Answers

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

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Explanations

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1. What does behavioral health encompass?

- A. Only mental health issues
- B. Substance use disorders and emotional well-being**
- C. Physical health and nutrition
- D. Emergency medical responses

Behavioral health encompasses a broad range of issues that affect an individual's mental health, emotional well-being, and substance use disorders. This area of health recognizes the interplay between mental health and behavioral factors that can influence overall wellness. Focusing on both substance use disorders and emotional well-being allows for a more integrated understanding of how these components interact. For instance, a person struggling with substance use may also experience underlying emotional issues such as depression or anxiety, and addressing both aspects is crucial for effective treatment. Recognizing the significance of these connections in behavior gives health care providers a holistic view of a patient's needs. In contrast, the other options do not capture the full scope of behavioral health. Mental health issues alone represent only a portion of the broader picture, while physical health and nutrition, as well as emergency medical responses, pertain to different aspects of healthcare that do not directly relate to behavioral health. Understanding the comprehensive nature of behavioral health is essential for effective diagnosis and intervention in clinical settings.

2. What does DRG stand for in healthcare delivery?

- A. Disease Recovery Grant
- B. Diagnostic Related Groups**
- C. Direct Recovery Guidelines
- D. Diagnostic Referral Groups

The term "DRG" in healthcare delivery stands for "Diagnostic Related Groups." This classification system is crucial in the context of Medicare and other health insurance reimbursement systems, as it provides a way to categorize hospital cases into groups that are expected to have similar hospital resource use. Understanding DRGs is essential because they determine how much hospitals are reimbursed for patient care based on the diagnosis at the time of admission. This system promotes efficiency in case management and encourages hospitals to manage their resources effectively. By categorizing patients according to the diagnoses and the costs associated with their treatment, DRGs help ensure that care delivery is both effective and aligned with costs, thereby influencing healthcare practices and policies. Using DRGs helps to streamline hospital payments and improve transparency in the billing process, allowing both providers and insurers to have a clearer understanding of costs associated with patient care.

3. Which of the following best describes a patient-centered medical home?

- A. A focus on patient autonomy only
- B. A model that avoids care coordination
- C. A care delivery model emphasizing care coordination and communication**
- D. A system prioritizing cost over patient outcomes

A patient-centered medical home (PCMH) is fundamentally characterized by its emphasis on care coordination and communication. This model is designed to provide comprehensive and ongoing medical care to patients, ensuring they receive the right care at the right time. It encourages a collaborative approach among healthcare providers, patients, and their families, aiming to foster a stronger therapeutic relationship and enhance patient satisfaction. In the PCMH model, care coordination is key; it involves organizing patient care activities and sharing information across all elements of the healthcare system, which may include specialists, hospitals, and home health care. Effective communication is also central to this model, as it ensures that everyone involved in a patient's care is on the same page, which ultimately leads to better health outcomes and improved efficiency in the healthcare system. The model is designed to prioritize the patient's needs and preferences rather than solely focusing on cost reduction or a singular aspect of patient experience, such as autonomy, without consideration of broader health service dynamics. Hence, it actively works against fragmentation of care and instead champions a holistic, team-based approach to managing individual health.

4. Which services are typically offered in physician offices?

- A. Only urgent care services
- B. Minor surgeries, counseling, and referrals**
- C. Intensive care treatments
- D. Home health services

Physician offices typically provide a range of primary care services that include minor surgeries, counseling, and referrals. These services are part of the primary care approach, which aims to address a variety of health issues in a convenient and accessible setting. Minor surgeries might include procedures such as skin biopsies, laceration repairs, or the removal of small lesions, which can often be performed on-site without the need for hospitalization. Counseling services are also an integral part of physician practices, addressing mental health as well as lifestyle issues that can impact overall health. Additionally, referrals to specialists are commonly managed by primary care physicians, as they help coordinate and facilitate further medical care when necessary. The other service options do not accurately reflect the standard offerings of a typical physician office. Urgent care services are usually provided in dedicated urgent care facilities rather than physician offices. Intensive care treatments are reserved for hospital settings equipped for such high-level care. Home health services are typically delivered by home health agencies rather than physician offices, focusing on care in a patient's home.

5. Which care delivery method assigns one nurse to a single group of clients during a shift?

- A. Functional Method
- B. Team Nursing
- C. Case Method**
- D. Primary Nursing

The case method of care delivery, also known as total patient care, involves assigning one nurse to take responsibility for the complete care of a single group of clients during a shift. This approach allows the nurse to develop a personal relationship with the patients, as they are fully accountable for their care. This method is particularly beneficial in settings where continuity of care can lead to improved patient satisfaction and outcomes, as the nurse can consistently monitor the patient's progress and needs. In contrast, other methods like functional nursing distribute tasks among various caregivers, team nursing involves collaboration among multiple nurses who share the responsibilities for a group of patients, and primary nursing emphasizes the role of one nurse who is responsible for a patient's ongoing care but may also involve other nurses in different capacities. Each of these methods has its own strengths and weaknesses, but the distinctive aspect of the case method is the dedicated relationship and accountability a single nurse has for their assigned patients during that shift.

6. Which type of health plan typically offers the most predictable client contributions?

- A. PPO (Preferred Provider Organization)
- B. POS (Point of Service)
- C. Fee-for-service
- D. HMO (Health Maintenance Organization)**

Health Maintenance Organizations (HMOs) are designed to provide a more predictable financial structure for clients regarding their contributions. HMOs typically require members to select a primary care physician (PCP) who coordinates their healthcare. Members generally pay a fixed monthly premium and may have low or no copayments for visits to in-network providers. This system encourages preventative care and regular health maintenance, leading to fewer unexpected costs. In contrast, other types of health plans can lead to varying out-of-pocket expenses. For instance, PPOs offer more flexibility in choosing healthcare providers, but this flexibility often comes with higher costs for out-of-network services, resulting in less predictability for client contributions. Similarly, POS plans combine features of HMOs and PPOs, but they can also lead to variable costs depending on whether members choose in-network or out-of-network doctors. Lastly, fee-for-service plans allow more freedom in choosing healthcare providers but often result in unpredictable costs as members pay per service received, which can accumulate quickly and lead to higher overall healthcare spending.

7. In what way does continuity of care contribute to patient retention?

- A. By focusing on individual treatment plans
- B. By ensuring a seamless transition between services**
- C. By providing more marketing materials
- D. By offering financial incentives

Continuity of care is fundamentally about ensuring that patients experience a seamless transition between different services and levels of care throughout their treatment journey. This continuity helps build a strong patient-provider relationship, which is critical for patient retention. When patients feel that they are being supported and their care is coordinated effectively, they are more likely to remain engaged with their healthcare providers and adhere to treatment plans. Seamless transitions can occur through mechanisms such as effective communication between providers, shared medical records, and comprehensive follow-up strategies. This integrated approach minimizes confusion or duplication of services, making it easier for patients to navigate their care and enhancing their overall experience. Such smooth transitions foster trust and satisfaction, which are key factors that encourage patients to continue receiving care from the same providers. While individual treatment plans, marketing materials, and financial incentives can play a role in patient retention, they do not directly address the importance of the entire care experience and how continuity fosters lasting relationships with patients. Thus, ensuring a seamless transition between services stands out as the most significant factor in promoting patient retention.

8. How is the quality of health care typically evaluated?

- A. By assessing community outreach programs
- B. Through financial audits and reports
- C. By evaluating safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity**
- D. Through the number of patients treated

The quality of health care is evaluated through a comprehensive framework that assesses various key dimensions. These dimensions include safety, which examines the avoidance of harm to patients; effectiveness, focusing on the delivery of appropriate treatments; patient-centeredness, ensuring care is respectful of and responsive to individual patient preferences; timeliness, which looks at the wait times and accessibility of services; efficiency, evaluating the resources used versus outcomes achieved; and equity, assessing fairness and consistency in care across different populations. This multidimensional approach allows for a thorough assessment of health care quality, addressing not just clinical outcomes but also patient experiences and system performance. These factors work together to ensure that health care providers can deliver care that meets the diverse needs of patients while aiming for continuous improvement in health outcomes. Other options may focus on specific aspects like finances or patient volume, but they do not capture the full spectrum of quality evaluation as thoroughly as this comprehensive model does.

9. What is one characteristic of Health Maintenance Organizations (HMOs)?

- A. They charge additional fees for specialist visits
- B. They commonly limit choice of providers for patients**
- C. They require no prior authorization for services
- D. They operate without referral requirements

Health Maintenance Organizations (HMOs) are a type of managed care organization that emphasizes preventive health care and cost efficiency. One key characteristic of HMOs is that they commonly limit choice of providers for patients. Members of an HMO are typically required to choose a primary care physician (PCP) from within the HMO's network. This PCP coordinates the member's healthcare and refers them to specialists within the network as needed. By restricting access to a specific network of providers, HMOs can manage costs and maintain a focus on preventive care, as well as reduce unnecessary services. In contrast, the other choices reflect characteristics that are not typical of HMOs. For instance, many HMOs do require prior authorization for certain services, particularly specialist visits, which helps to manage costs and ensure that care aligns with the organization's protocols. Additionally, while some health care plans may allow more flexibility in provider choice, HMOs specifically promote the use of a designated network, and therefore they often have referral requirements for specialist care.

10. Who primarily serves as the manager of a client's care within nursing practice?

- A. The attending physician
- B. The nurse practitioner
- C. The registered nurse (RN)**
- D. The nursing aide

The registered nurse (RN) primarily serves as the manager of a client's care within nursing practice due to their comprehensive training and education in patient assessment, care planning, implementation, and evaluation. RNs are trained to coordinate the overall care of patients, which includes not only administering medications and treatments, but also assessing patient conditions, communicating effectively with other healthcare team members, and educating patients and their families about care plans and health management. In their role as care managers, RNs are responsible for developing individualized care plans based on the patient's specific needs, preferences, and medical history. They serve as a critical point of contact for patients and families, ensuring that all aspects of care are integrated and delivered smoothly. This management role is essential for facilitating collaboration among different members of the healthcare team, making RNs central figures in ensuring effective healthcare delivery. Other roles, such as nurse practitioners and attending physicians, do play vital roles in patient care but tend to have more specialized functions. Nurse practitioners often focus on specific areas of advanced practice and may manage particular aspects of care, whereas attending physicians primarily take responsibility for diagnoses and treatment decisions. Nursing aides complement the care team by assisting with daily activities and tasks but do not have the comprehensive decision-making authority and management responsibilities that RNs

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!

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