

Texas A&M University (TAMU) PHLT313 Health Care and Public Health System Exam 2 Practice (Sample)

Study Guide



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Questions

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1. Which principle requires that hospitals relieve patient suffering?
 - A. Autonomy
 - B. Beneficence
 - C. Justice
 - D. Confidentiality
2. Who is primarily responsible for the diagnosis and treatment of oral health issues?
 - A. Pharmacist
 - B. Dentist
 - C. Nurse
 - D. Medical Doctor
3. What does "point of entry" in healthcare refer to?
 - A. The last available option for treatment
 - B. The exclusive access to specialty care
 - C. The first place to seek treatment
 - D. The emergency room in a hospital
4. True or False: Insurance guarantees access to healthcare services.
 - A. True
 - B. False
 - C. Only for certain services
 - D. Depends on the policy type
5. What does HTA stand for in the healthcare sector?
 - A. Health Technology Assessment
 - B. Health Treatment Analysis
 - C. Health Technology Analysis
 - D. Health Taskforce Agency

6. What is a key requirement to qualify for Medicaid coverage?
- A. Age restriction under 30
 - B. Financial eligibility
 - C. Preventive care compliance
 - D. Employment status
7. What type of coverage does Medicare Part D offer?
- A. Outpatient medical services
 - B. Emergency care services
 - C. Prescription drug coverage
 - D. Inpatient rehabilitation services
8. What is the ideal role of primary care in the healthcare system?
- A. The only source of healthcare
 - B. First point of contact for health needs
 - C. A supplementary option for specialists
 - D. Secondary to emergency services
9. Which of the following is NOT a role of the FDA?
- A. Regulating food safety
 - B. Overseeing drug approval processes
 - C. Conducting health education programs
 - D. Ensuring the efficacy of medical devices
10. What are the types of legal use of personal medical information?
- A. Government oversight and regulation only
 - B. Only for health research
 - C. Healthcare delivery, organization operation, and reimbursement
 - D. Personal benefits and marketing

Answers

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

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Explanations

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1. Which principle requires that hospitals relieve patient suffering?

- A. Autonomy
- B. Beneficence
- C. Justice
- D. Confidentiality

Beneficence is the principle that mandates hospitals and healthcare providers to act in the best interest of patients by promoting their well-being and alleviating suffering. This principle underscores the ethical obligation of healthcare professionals to provide care that benefits patients, thereby enhancing their overall quality of life. In the context of healthcare, beneficence involves taking proactive steps to treat diseases, provide pain relief, and support patients in a way that improves their health outcomes and emotional well-being. The expectation is that healthcare providers not only avoid harm but also actively seek to contribute positively to a patient's circumstances. While the other principles play significant roles in healthcare ethics—autonomy emphasizes respecting the patient's right to make their own healthcare decisions, justice focuses on fairness and equitable distribution of resources, and confidentiality protects patient privacy—they do not specifically address the obligation to relieve suffering as clearly as beneficence does.

2. Who is primarily responsible for the diagnosis and treatment of oral health issues?

- A. Pharmacist
- B. Dentist
- C. Nurse
- D. Medical Doctor

The primary responsibility for the diagnosis and treatment of oral health issues lies with the dentist. Dentists are specifically trained to address a wide range of dental problems, including cavities, gum disease, and oral infections, as well as educate patients on maintaining good oral hygiene. They carry out various procedures from preventive care to complex surgeries and are equipped with specialized knowledge about dental anatomy, pathology, and treatment techniques. While pharmacists, nurses, and medical doctors play important roles in the health care system, their focus is not primarily on oral health. Pharmacists manage medications and can offer guidance on prescriptions that may affect oral health but do not diagnose or treat dental conditions. Nurses often provide support in the healthcare setting and may assist in patient education regarding oral hygiene, but they do not diagnose or treat dental problems. Medical doctors focus on diagnosing and treating general medical conditions but rely on dentists for issues specifically related to oral health. Therefore, the dentist's specialized training and expertise make them the primary providers for oral health issues.

3. What does "point of entry" in healthcare refer to?

- A. The last available option for treatment
- B. The exclusive access to specialty care
- C. The first place to seek treatment
- D. The emergency room in a hospital

"Point of entry" in healthcare refers to the first place where individuals seek treatment for their health concerns. This concept is crucial because it plays a significant role in determining how patients navigate through the healthcare system. Patients typically start their healthcare journey at a primary care provider, a community health center, or any other accessible healthcare resource, where they receive initial assessments, referrals, and care. This first point of contact is important as it often sets the stage for the patient's ongoing healthcare experience, affecting outcomes and the efficient use of healthcare resources. It allows for early diagnosis, preventative care, and referrals to specialists if necessary. Understanding the point of entry helps in designing systems that improve access to care and streamline patient pathways throughout the healthcare system. The other options represent different aspects of healthcare but do not clarify the primary concept of "point of entry." The last available option for treatment implies a final alternative rather than the initial access point. Exclusive access to specialty care focuses on the limited availability of certain types of care rather than where care begins. The emergency room, while a critical component of the healthcare system, typically serves as a point of entry for acute situations and is not representative of the broader concept of initial healthcare access.

4. True or False: Insurance guarantees access to healthcare services.

- A. True
- B. False
- C. Only for certain services
- D. Depends on the policy type

The statement that insurance guarantees access to healthcare services is false. While insurance is designed to help cover the costs associated with healthcare, it does not ensure access in all situations. Access to healthcare is affected by various factors, including the availability of providers, geographic location, the specific services covered by the insurance policy, and the individual's ability to navigate the healthcare system. For example, an individual may have insurance that covers a particular service, but if there are no nearby providers who accept that insurance or if the wait times to see a provider are prohibitively long, the individual might still struggle to gain access to the necessary care. Therefore, insurance can help reduce financial barriers but does not inherently guarantee timely or adequate access to healthcare services.

5. What does HTA stand for in the healthcare sector?

A. Health Technology Assessment

B. Health Treatment Analysis

C. Health Technology Analysis

D. Health Taskforce Agency

Health Technology Assessment (HTA) is a systematic evaluation of the properties and impacts of health technology, including its clinical effectiveness, cost-effectiveness, and broader social implications. It serves as a critical tool in informing decisions about health technologies, guiding policy-making, and determining the allocation of resources within healthcare systems. HTA helps stakeholders, including policymakers, clinicians, and patients, understand the value of new medical technologies, drugs, and procedures. By providing evidence-based assessments, HTA informs whether a technology should be adopted, how it should be implemented, and its potential impact on health outcomes and healthcare costs. The focus on HTA is vital because of the rapid advancement in health technologies and the need to evaluate them within the context of existing healthcare priorities and budget constraints. This ensures that investments in health innovation are justified and beneficial to the public health landscape. The other options do not accurately represent the established terminology or the systematic approach taken within healthcare evaluation, making Health Technology Assessment the appropriate and widely recognized term in this context.

6. What is a key requirement to qualify for Medicaid coverage?

A. Age restriction under 30

B. Financial eligibility

C. Preventive care compliance

D. Employment status

A key requirement to qualify for Medicaid coverage is financial eligibility. Medicaid is a needs-based assistance program, meaning that it is designed to help individuals and families who have limited income and resources. The program provides health coverage primarily for low-income individuals, including children, pregnant women, elderly individuals, and people with disabilities. Each state sets its own income eligibility thresholds based on the Federal Poverty Level (FPL), which can vary depending on household size. Additionally, applicants must provide accurate financial information to determine their qualification, as Medicaid helps those who cannot afford healthcare costs. In contrast, an age restriction under 30, compliance with preventive care, or employment status are not universal requirements for Medicaid eligibility. Qualifying for Medicaid hinges primarily on an individual's financial situation, rather than these other factors.

7. What type of coverage does Medicare Part D offer?

- A. Outpatient medical services
- B. Emergency care services
- C. Prescription drug coverage
- D. Inpatient rehabilitation services

Medicare Part D specifically offers prescription drug coverage, which is designed to help beneficiaries pay for both brand-name and generic medications. This part of Medicare aims to reduce the out-of-pocket costs for prescriptions, thereby enhancing access to necessary medications for seniors and individuals with certain disabilities. Under Medicare Part D, beneficiaries can enroll in standalone prescription drug plans (PDPs) or choose Medicare Advantage plans that include drug coverage, allowing them to select the plan that best fits their medication needs. The focus on prescription drugs helps address the significant financial burden that out-of-pocket medication costs can impose on patients, making Part D a critical component of the Medicare program. Through this coverage, patients can manage their healthcare more effectively with access to the medications they need for chronic conditions, acute illnesses, and overall health maintenance.

8. What is the ideal role of primary care in the healthcare system?

- A. The only source of healthcare
- B. First point of contact for health needs
- C. A supplementary option for specialists
- D. Secondary to emergency services

The ideal role of primary care in the healthcare system is to serve as the first point of contact for individuals seeking health care services. This role is essential because it emphasizes comprehensive, accessible, and continuous care that patients receive from their primary care providers. Primary care practitioners play a crucial part in coordinating overall health management and addressing a wide variety of health issues, from preventive care and health education to the management of chronic conditions. When primary care functions as the initial step for patients, it helps ensure that they receive appropriate care, helping to reduce the need for more specialized services and emergency interventions. This foundation supports a holistic approach to health and builds a trusted relationship between patients and healthcare providers, improving patient satisfaction and outcomes. In contrast, the other options suggest roles that do not fully embody the comprehensive nature necessary for primary care or underestimate its critical function in the healthcare continuum. By prioritizing its role as the first contact point, the healthcare system can enhance efficiency, improve patient navigation through services, and better manage healthcare costs overall.

9. Which of the following is NOT a role of the FDA?

- A. Regulating food safety
- B. Overseeing drug approval processes
- C. Conducting health education programs
- D. Ensuring the efficacy of medical devices

The role of the FDA, or the Food and Drug Administration, is primarily focused on ensuring the safety and efficacy of food products, pharmaceuticals, medical devices, and other health-related products. Among the given options, conducting health education programs does not align with the core responsibilities of the FDA. The FDA's responsibilities include regulating food safety by establishing safety standards for food products and inspecting facilities to ensure compliance with those standards. Additionally, the agency oversees drug approval processes, which involve rigorous testing and evaluation to determine a drug's safety and effectiveness before it can be marketed to the public. Furthermore, the FDA ensures the efficacy of medical devices, assessing their safety and performance before they can enter the market. While public health education is important, it is typically the domain of other organizations, such as the Centers for Disease Control and Prevention (CDC) and local health departments, rather than the FDA itself. Thus, conducting health education programs is not within the scope of the FDA's official responsibilities.

10. What are the types of legal use of personal medical information?

- A. Government oversight and regulation only
- B. Only for health research
- C. Healthcare delivery, organization operation, and reimbursement
- D. Personal benefits and marketing

The correct answer pertains to the types of legal use of personal medical information within the framework of healthcare. Healthcare delivery, organizational operation, and reimbursement represent essential functions that require access to personal medical information. Healthcare delivery involves providing medical services to patients, which necessitates sharing relevant medical information among healthcare providers to ensure appropriate treatment and care. Organizational operations include the administrative functions of healthcare entities, such as managing patient records, quality assurance practices, and compliance with legal standards. Reimbursement processes require access to personal medical information to facilitate billing and payment for services rendered, ensuring that providers can accurately receive compensation for their work. This understanding aligns with regulations like the Health Insurance Portability and Accountability Act (HIPAA), which establishes guidelines for the use and protection of personal medical information. Under these regulations, information can be used for legitimate purposes related to healthcare operations, thus maintaining a balance between patient privacy and the need for shared information in the healthcare system. Other options do not encompass the full scope of legal usage. For instance, government oversight and regulation play a role in ensuring compliance and protecting patient rights but do not constitute a primary use of personal medical information. Health research is a significant area but is not the only legal use; hence, it does not capture the entire spectrum.