

Chapter 01: Interprofessional Collaborative Practice: Where We Are Today

Buttaro: Primary Care: A Collaborative Practice, 6th Edition

MULTIPLE CHOICE

1. A small, rural hospital is part of an Accountable Care Organization (ACO) and is designated as a Level 1 ACO. What is part of this designation?
 - a. Bonuses based on achievement of benchmarks
 - b. Care coordination for chronic diseases
 - c. Standards for minimum cash reserves
 - d. Strict requirements for financial reporting

ANS: A

A Level 1 ACO has the least amount of financial risk and requirements, but receives shared savings bonuses based on achievement of benchmarks for quality measures and expenditures. Care coordination and minimum cash reserves standards are part of Level 2 ACO requirements. Level 3 ACOs have strict requirements for financial reporting.

2. What was an important finding of the Advisory Board survey of 2014 about primary care preferences of patients?
 - a. Associations with area hospitals
 - b. Costs of ambulatory care
 - c. Ease of access to care
 - d. The ratio of providers to patients

ANS: C

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As part of the 2014 survey, the Advisory Board learned that patients desired 24/7 access to care, walk-in settings and the ability to be seen within 30 minutes, and care that is close to home. Associations with hospitals, costs of care, and the ratio of providers to patients were not part of these results.

MULTIPLE RESPONSE

1. Which assessments of care providers are performed as part of the value-based purchasing (VBP) initiative? (*Select all that apply.*)
 - a. Appraising costs per case of care for Medicare patients
 - b. Assessing patients' satisfaction with hospital care
 - c. Evaluating available evidence to guide clinical care guidelines
 - d. Monitoring mortality rates of all patients with pneumonia
 - e. Requiring advanced IT standards and minimum cash reserves

ANS: A, B, D

Value-based purchasing looks at five domain areas of processes of care, including efficiency of care (cost per case), experience of care (patient satisfaction measures), and outcomes of care (mortality rates for certain conditions). Evaluation of evidence to guide clinical care is part of evidence-based practice. The requirements for IT standards and financial status are part of Accountable Care Organization standards.

Chapter 02: Translating Research into Clinical Practice

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MULTIPLE CHOICE

1. What is the purpose of Level II research?
 - a. To define characteristics of interest of groups of patients
 - b. To demonstrate the effectiveness of an intervention or treatment
 - c. To describe relationships among characteristics or variables
 - d. To evaluate the nature of relationships between two variables

ANS: C

Level II research is concerned with describing the relationships among characteristics or variables. Level I research is conducted to define the characteristics of groups of patients. Level II research evaluates the nature of the relationships between variables. Level IV research is conducted to demonstrate the effectiveness of interventions or treatments.

2. Which is the most appropriate research design for a Level III research study?
 - a. Epidemiological studies
 - b. Experimental design
 - c. Qualitative studies
 - d. Randomized clinical trials

ANS: B

The experimental design is the most appropriate design for a Level III study. Epidemiological studies are a **NPURORSIANTGTBL** . **CEOM** II studies.

Qualitative designs are useful for Level I studies. Randomized clinical trials are used for Level IV studies.

3. What is the purpose of clinical research trials in the spectrum of translational research?
 - a. Adoption of interventions and clinical practices into routine clinical care
 - b. Determination of the basis of disease and various treatment options
 - c. Examination of safety and effectiveness of various interventions
 - d. Exploration of fundamental mechanisms of biology, disease, or behavior

ANS: C

Clinical research trials are concerned with determining the safety and effectiveness of interventions. Adoption of interventions and practices is part of clinical implementation. Determination of the basis of disease and treatment options is part of the preclinical research phase. Exploration of the fundamental mechanisms of biology, disease, or behavior is part of the basic research stage.

Chapter 03: Empowering Patients as Collaborative partners: A New Model for Primary Care

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MULTIPLE CHOICE

1. Which statement made by a health care provider demonstrates the most appropriate understanding for the goal of a performance report?
 - a. “This process allows me to critique the performance of the rest of the staff.”
 - b. “Most organizations require staff to undergo a performance evaluation yearly.”
 - c. “It is hard to be personally criticized but that’s how we learn to change.”
 - d. “The comments should help me improve my management skills.”

ANS: D

The goal of the performance report is to provide guidance to staff in the areas of professional development, mentoring, and leadership development. A peer review is written by others who perform similar skills (peers). The remaining options may be true but do not provide evidence of understanding of the goal of this professional requirement.

MULTIPLE RESPONSE

1. Which assessment question would a health care provider ask when engaging in the previsit stage of the new model for primary care? (*Select all that apply.*)
 - a. “Are you ready to discuss some of the community resources that are available?”
 - b. “Are you experiencing any side effects from your newly prescribed medications?”
 - c. “Do you anticipate any problems with adhering to your treatment plan?”
 - d. “Are you ready to discuss the results of your laboratory tests?”
 - e. “Do you have any questions about the lab tests that have been ordered for you?”

ANS: B, C, E

The nursing responsibilities in the previsit stage include assessing the patient’s tolerance of prescribed medications, understanding of existing treatment plan, and education about required lab testing. The primary care provider is responsible for screening lab data and discussing community resources during the actual visit.

Chapter 04: Coordinated Chronic Care

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MULTIPLE CHOICE

1. To reduce adverse events associated with care transitions, the Centers for Medicare and Medicaid Service have implemented which policy?
 - a. Mandates for communication among primary caregivers and hospitalists
 - b. Penalties for failure to perform medication reconciliations at time of discharge
 - c. Reduction of payments for patients readmitted within 30 days after discharge
 - d. Requirements for written discharge instructions for patients and caregivers

ANS: C

As a component of the Affordable Care Act, the Centers for Medicare and Medicaid Service developed the Readmissions Reduction Program reducing payments for certain patients readmitted within 30 days of discharge. The CMS did not mandate communication, institute penalties for failure to perform medication reconciliations, or require written discharge instructions.

2. According to multiple research studies, which intervention has resulted in lower costs and fewer rehospitalizations in high-risk older patients?
 - a. Coordination of posthospital care by advanced practice health care providers
 - b. Frequent posthospital clinic visits with a primary care provider
 - c. Inclusion of extended family members in the outpatient plan of care
 - d. Telephone follow-up by the pharmacist to assess medication compliance

ANS: A

Research studies provided evidence that high-risk older patients who had posthospital care coordinated by an APN had reduced rehospitalization rates. It did not include clinic visits with a primary care provider, inclusion of extended family members in the plan of care, or telephone follow-up by a pharmacist.

MULTIPLE RESPONSE

1. Which advantages are provided to the chronically ill patient by personal electronic monitoring devices? (*Select all that apply.*)
 - a. Helps provide more patient control their health and lifestyle
 - b. Eliminates need for regular medical and nursing follow-up visits
 - c. Helps the early identification of patient health-related problems
 - d. Helps health care providers in keeping track of the patient's health status
 - e. Cost is often covered by Medicare

ANS: A, C, D, E

The explosion in availability of personal electronic monitoring devices is potentially useful to many patients with chronic disease and others hoping to maintain good health. Data is recorded and can help people have more control over their health and lifestyle. It can also help health care providers keep track of their patients' health status, as information from these devices can be uploaded into Apps and electronic health records. These devices are becoming more affordable and some are covered by Medicare. Coupled with telehealth, e-mail, or other electronic communication with health care providers allows patient problems to be recognized early. Medical and nursing follow-up is still required as problems arise.

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Chapter 05: An Introduction to Health Care Disparities and Culturally Responsive Primary Care

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MULTIPLE CHOICE

1. A primary care provider administers the “Newest Vital Sign” health literacy test to a patient newly diagnosed with a chronic disease. What information is gained by administering this test?
 - a. Ability to calculate data, along with general knowledge about health
 - b. Ease of using technology and understanding of graphic data
 - c. Reading comprehension and reception of oral communication
 - d. Understanding of and ability to discuss health care concerns

ANS: A

The “Newest Vital Sign” tests asks patients to look at information on an ice cream container label and answer questions that evaluate ability to calculate caloric data and to grasp general knowledge about food allergies. It does not test understanding of technology or directly measure reading comprehension. It does not assess oral communication. The “Ask Me 3” tool teaches patients to ask three primary questions about their health care and management.

2. What is the main reason for using the REALM-SF instrument to evaluate health literacy?
 - a. It assesses numeracy skills.
 - b. It enhances patient–provider communication.
 - c. It evaluates medical word recognition.
 - d. It measures technology kn

ANS: C

The Rapid Estimate of Adult Literacy in Medicine–Short Form (REALM-SF) is an easy and fast tool that measures medical word recognition. It does not evaluate numeracy. The “Ask Me 3” tool enhances patient–provider communication. This tool does not evaluate understanding of technology.

3. A female patient who is from the Middle East schedules an appointment in a primary care office. To provide culturally responsive care, what will the clinic personnel do when meeting this patient for the first time?
 - a. Ensure that she is seen by a female provider.
 - b. Include a male family member in discussions about health care.
 - c. Inquire about the patient’s beliefs about health and treatment.
 - d. Research middle eastern cultural beliefs about health care.

ANS: C

It is important not to make assumptions about beliefs and practices associated with health care and to ask the patient about these. While certain practices are common in some cultural and ethnic groups, assuming that all members of those groups follow those norms is not culturally responsive.

Chapter 06: Patient/Family Education and Health Literacy

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MULTIPLE CHOICE

1. A primary care provider is providing care for a postsurgical client who recently immigrated to the United States and speaks English only marginally. What intervention will provide the most effective means of communicating postdischarge information to the client?
 - a. Postpone discharge until the client is fully recovered from the surgery.
 - b. Requesting that a family member who speaks English be present during the teaching session
 - c. Providing the necessary information in written form in the client's native language
 - d. Requesting the services of a professional interpreter fluent in the client's native language

ANS: D

Only approved, professional interpreters experienced in health care interpretation are appropriate interpreters for patients. Family members or friends should not be used as interpreters. Use of family members or friends may create misinterpretation or misunderstanding between the provider and the patient. Family members may not understand medical terms or may interpret only what they feel is important, or patients might feel uncomfortable divulging personal information to the person interpreting. Written information in the client's native language may be a means of reinforcing instructions but are not a substitute of person-to-person education. It is neither realistic nor necessary to postpone discharge for this reason.

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MULTIPLE RESPONSE

1. What question asked by the client newly diagnosed with congestive heart failure demonstrates the effectiveness of previous education concerning the *Ask Me 3* health literacy tool? (*Select all that apply.*)
 - a. "Where can I get assistance with the cost of my medications?"
 - b. "Why is it important for me to take this newly prescribed medication?"
 - c. "Is it true that high blood pressure isn't causing my problem?"
 - d. "Is congestive heart failure curable with appropriate treatment?"
 - e. "Would watching my intake of salt help me manage this problem?"

ANS: B, C, E

While all these questions are appropriate, the *Ask Me 3* tool encourages the client to question what the problem is, what they need to do to manage the problem, and why it is important to follow the treatment plan. Financial support and curability of the problem is not directly addressed by this tool.

Chapter 07: Genetic Considerations in Primary Care

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MULTIPLE CHOICE

1. A patient expresses concern that she is at risk for breast cancer. To best assess the risk for this patient, what is the best initial action?
 - a. Ask if there is a family history of breast cancer.
 - b. Gather and record a three-generation pedigree.
 - c. Order a genetic test for the breast cancer gene.
 - d. Recommend direct-to-consumer genetic testing.

ANS: B

The three-generation pedigree is the best way to evaluate genetic risk. Asking about a family history is not a systematic risk assessment and does not specify who in the family has the history or whether there is a pattern. Genetic testing and direct-to-consumer (DTC) genetic testing are not the initial actions when assessing genetic risk.

2. A patient asks about direct-to-consumer (DTC) genetic testing. What will the provider tell the patient?
 - a. It is not useful for identifying genetic diseases.
 - b. Much of the information does not predict disease risk.
 - c. The results are shared with the patient's insurance company.
 - d. The results must be interpreted by a provider.

ANS: B

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DTC testing gives a lot of information, but much of it does not contribute to disease prediction, since mutations are not necessarily related to specific diseases. The tests are useful but must be interpreted accurately. The results are confidential and do not have to be interpreted by a provider.