**Homework 2. Health Reform – Opportunities and Challenges for Providers**

You’ll have one attempt to complete the homework. Once you submit the homework you won’t be able to make changes.

Scroll down for homework questions.

**Definitions:**

**Accountability.** The procedures and processes by which one party justifies and takes responsibility for its activities.

**Transparency.** Provides consumers with the information necessary, and the incentive, to choose health care providers based on value.

**Fee-for-service.** Fees charged for individual services creating an incentive for physicians to provide more services.

**Volume-based system.** Payment based on the quantity of services provided. Fee-for-service is a volume-based payment model.

**Capitation.** Primary Care Physician (PCP) capitation is the amount of money a PCP receives every month for members that have selected that physician as their PCP; creates an incentive to provide fewer services.

**RFID.** Radio-frequency identification used to track and monitor patients in a health care facility. One way this is done is to embed a chip with identifying information in a patient’s wristband.

**Variation in services.** There continues to be a pattern of wide variation in health care practice, including regional variations and small-area variations. This is a clear indicator that health care practice has not kept pace with the evolving science of health care to ensure evidence-based practice in the United States.

**Underuse of services.** Millions of people do not receive necessary care and suffer needless complications that add to costs and reduces productivity.

**Overuse of services.** Each year, millions of Americans receive health care services that are unnecessary, increase costs, and may even endanger their health. Research has shown that this occurs across all populations.
Homework questions:

Q1. The Affordable Care Act is meant to address:

a. Provider behavior through payment reform
b. Expansion of insurance coverage
c. Better organized patient care
d. All of the above

Q2. What is the triple aim of the Affordable Care Act?

a. Better health for populations
b. Better care for individuals
c. Decreased health care costs through payment reform
d. All of the above

Q3. How will Health IT eventually improve the quality of patient care?

a. Bar charts and quarterly reports
b. Getting information in real time to improve the quality of patient care
c. Expanding insurance coverage
d. None of the above

Q4. CMS Innovation funds are used as incentives to attempt to change provider behavior in reporting and correcting medical errors.

a. True
b. False

Q5. Expanded coverage is the only goal of the Affordable Care Act.

a. True
b. False