CPPM Chapter 8 Review Questions

1. What are the requirements for Stage 1 of the HITECH Act for CPOE to qualify for incentive payments?

   a. At least 30% of the medications in the practice must be ordered through a computerized physician order entry system.
   b. At least one order for each patient must be ordered electronically through the EMR system.
   c. All orders sent from the practice to another entity must be performed using a computerized physician order entry system.
   d. At least one medication must be ordered through computerized physician order entry system for at least 30% of the physician's patients taking medication.

2. In ambulatory settings, the most prevalent aspects of physician computerized order entry (CPOE) include:

   a. Patient Prescriptions, lab test orders, diagnostic imaging work ups
   b. Monitoring vital signs, durable medical equipment, lab test orders
   c. Diagnostic Imaging, durable medical equipment, dialysis
   d. Dialysis, surgical prep, monitoring of vital signs

3. Which statement is true regarding incentive payments from Medicare and Medicaid for the meaningful use of an EHR?

   a. Provider must participate in all government insurance, use an EHR for at least 30% of the patients, the provider must own a government approved EHR.
   b. Provider must participate in either Medicare or Medicaid and use a certified EHR.
   c. Provider must participate in Medicare and Medicaid and use a government programmed EHR.
   d. Provider must participate in Medicare and Medicaid and use a certified EHR for at least 30% of the patient in the practice.

4. Which statement is true regarding e-Prescribing (eRx)?

   a. eRx is not required for ARRA incentive payments as long as the system has CPOE.
   b. CPOE replaces eRx in a certified EHR system.
   c. Incentive payments under ARRA required the provider to use a certified EHR that includes eRx.
   d. eRx is available in all EHR systems.

5. Benefits of e-prescribing services and functions include which of the following:

   a. Increased revenue for the practice
   b. Point of care provider access to the patient's payer formulary
   c. Guaranteed prevention of fraudulent prescriptions
   d. Eliminates patient reactions to medication
6. Clinical Decision Support Systems:
   a. Comparing patient specific information with general knowledge about a disease, diagnosis, medications, treatments, drug formularies, Medical/Clinical Guidelines, and payer requirements.
   b. Provide physicians with confirmation of their decisions in treating their patients.
   c. Provide the outline for a disease or diagnosis to obtain the best treatment options based on national guidelines.
   d. Are installed in EHRs to prevent providers from ordering tests not deemed medically necessary by the government.

7. What is telehealth/telemedicine?
   a. The use of videoconferencing with other health care providers to direct them through the care of a patient remotely.
   b. A process by which a provider guides another provider through a specialized procedure the patient would not otherwise have access to.
   c. Pre-recorded videos to help patient's monitor their health.
   d. A process by which medical care can be provided remotely through electronic media that does not include having a care provider physically present during the evaluation.

8. What should be used on smart phones to ensure patient data is protected?
   a. Encrypted login with multi-level security
   b. Device-level and application level authentication
   c. Encrypted voice activation for authentication
   d. Signal blocking device to prevent access from other smart phones

9. Enterprise Architecture considers: (select all that apply)
   a. Business Goals and Processes
   b. IT hardware
   c. Software applications
   d. Data Management
   e. Human resources
10. Why has communication of electronic data between hospitals, lab systems, and medical clinics been so difficult in the past?

a. Each system was using different technical vocabularies making it difficult to communicate between systems.
b. Hospitals and medical clinics are not allowed to communicate information due to HIPAA rules.
c. Physicians, hospitals, and labs don’t have information that would need to be communicated.
d. None of these entities feel that it is important for health care delivery.

11. _______________ are used to help systems in different organizations communicate with each other.

a. Transporters  
b. Facsimiles  
c. Interfaces  
d. Firewalls

12. The most common language used to communicate between internal applications and other facilities is called:

a. Intersoft  
b. HL7  
c. ASCII  
d. XLS

13. A database that compiles a patient’s data from a variety of clinical sources to present a unified view of a single patient is called a:

a. Clinical Data Repository  
b. Health Information Network  
c. Enterprise Server  
d. Pharmaceutical database

14. What types of stored data can be used for electronic querying and reporting?

a. Scanned images  
b. A saved fax  
c. Structured data  
d. Hand written records

15. Why has CMS taken such an active role in encouraging physicians to acquire EMRs?

a. To help the physicians save money in their practices  
b. To make money in selling new technology  
c. To promote accurate collection and communication of medical data in electronic formats  
d. Create more jobs in the hi tech industry and regional extension centers
16. Health Information Organizations refer to themselves as:

a. Health Information Exchange
b. Clinical Information Data Warehouse
c. Health Information Schematics
d. Clinical Information Ambassadors
CPPM Chapter 8 Review Questions Answer Key

1. What are the requirements for Stage 1 of the HITECH Act for CPOE to qualify for incentive payments?

d. At least one medication must be ordered through computerized physician order entry system for at least 30% of the physician's patients taking medication.

Rationale: A key component of the HITECH Act within the American Recovery and Reinvestment Act of 2009 (ARRA) is to improve the quality, safety, and efficiency of care while reducing disparities. An important part of this objective is achieved via Computerized Physician Order Entry (CPOE) systems. The Stage 1 electronic health record (EHR) Meaningful Use requirements, for example, require physicians to order at least one medication through CPOE for at least 30 percent of their patients taking medications to qualify for incentive payments.

2. In ambulatory settings, the most prevalent aspects of physician computerized order entry (CPOE) include:

a. Patient Prescriptions, lab test orders, diagnostic imaging work ups

Rationale: In an ambulatory setting, the most prevalent aspects of CPOE include patient prescriptions, diagnostic radiology work ups, and lab test orders with returned results.

3. Which statement is true regarding incentive payments from Medicare and Medicaid for the meaningful use of an EHR?

b. Provider must participate in either Medicare or Medicaid and use a certified EHR.

Rationale: Medicare and Medicaid incentive payments are available to eligible professionals when they adopt certified EHR technology and successfully demonstrate "meaningful" use in a way that improves quality, safety, and effectiveness of patient care.

To meet the requirements:

- Participate in Medicare or Medicaid EHR Incentive Program
- Adopt, Acquire, and Install a certified EHR
- Implement a certified EHR
- Or upgrade existing technology to a certified EHR
4. Which statement is true regarding e-Prescribing (eRx)?

c. Incentive payments under ARRA required the provider to use a certified EHR that includes eRx.

Rationale: E-prescribing electronically transmits a new prescription or renewal authorization to a community or mail order pharmacy. It can be accomplished as part of an EMR/EHR system or via an application service provider (ASP). The incentive payments under ARRA require the provider use a certified EHR that includes e-prescribing.

5. Benefits of e-prescribing services and functions include which of the following:

b. Point of care provider access to the patient's payer formulary

Rationale: Overall, the benefits of e-prescribing services/functions include:

- Avoiding errors caused by illegible handwriting
- Avoided telephone miscommunication between the pharmacy and the office
- Immediate access to a patient’s medication history and in some instances information related to their general medical condition
- Immediate warning and alert systems about potential patient drug-drug, drug-disease, drug-allergy interactions, and dosing errors
- Point of care provider access to the patient's payer formulary benefits
- Improved monitoring of the use of controlled substances
- Security features, such as electronic signatures to authenticate the user information
6. Clinical Decision Support Systems:

a. Comparing patient specific information with general knowledge about a disease, diagnosis, medications, treatments, drug formularies, Medical/Clinical Guidelines, and payer requirements.

Rationale: Clinical Decision Support (CDS) tools provide health care providers with patient specific information to help prevent errors and improve health care efficiency at the time and location of the medical decision-making. It is a real-time reference combining comparative, patient specific information (such as the patient’s signs and symptoms, allergies, and lab results) with general knowledge about the following:

- Diseases
- Diagnoses
- Medications
- Treatments
- Drug Formularies (coverage limitations)
- Medical/Clinical Guidelines
- Payer Requirements

7. What is telehealth/telemedicine?

d. A process by which medical care can be provided remotely through electronic media that does not include having a care provider physically present during the evaluation.

Rationale: Telemedicine and telehealth refer to the process by which medical care can be provided remotely through electronic media that does not include having a care provider physically present during the evaluation.

8. What should be used on smart phones to ensure patient data is protected?

b. Device-level and application level authentication

Rationale: To ensure patient data is protected, smartphones should have a device-level and application-level authentication.
9. Enterprise Architecture considers: (select all that apply)

a. Business Goals and Processes  
b. IT hardware  
c. Software applications  
d. Data Management

Rationale: Enterprise Architecture (EA)—required by the Office of Management and Budget (OMB) across all federal agencies—considers:

- Business Goals
- Business Processes
- IT Hardware
- Software Applications
- Data Management

10. Why has communication of electronic data between hospitals, lab systems, and medical clinics been so difficult in the past?

a. Each system was using different technical vocabularies making it difficult to communicate between systems.

Rationale: Systems were using different vocabularies making it difficult to communicate between systems. Creating interfaces could be costly.

11. _______________ are used to help systems in different organizations communicate with each other.

c. Interfaces

Rationale: Enterprise Architecture is used to connect systems, primarily through interfaces, to achieve system interoperability.

12. The most common language used to communicate between internal applications and other facilities is called:

b. HL7

Rationale: The majority of large health care enterprises utilize the Health Level 7 (HL7) standards for communication of data between internal applications and other facilities.
13. A database that compiles a patient’s data from a variety of clinical sources to present a unified view of a single patient is called a:

a. Clinical Data Repository

Rationale: A Clinical Data Repository (CDR) is a database that compiles a patient’s data from a variety of clinical sources to present a unified view of a single patient. This allows a health care professional to “pull” selected elements of a patient record, such as demographic information, problems, allergies, medications, and other relevant data. CDRs may reside within enterprise systems that consolidate the enterprise’s data from multiple internal departments, or they may be part of a health information exchange that allows for data sharing between independent health care facilities.

14. What types of stored data can be used for electronic querying and reporting?

c. Structured data

Rationale: Structured data is required to enable querying and reporting, which is a key component of health IT. A scanned image of a written physician note can be stored in a computer, but it holds no structured or discreet data that can be reported. The computer can only tell you it has a stored JPEG, not that the picture is of a physician’s handwritten record of the patient’s allergies, or the patient is allergic to penicillin. Structured data typically stored in relational tables is required to enable a computer to compare structured data elements (such as a patient’s allergy to the drug being ordered).

15. Why has CMS taken such an active role in encouraging physicians to acquire EMRs?

c. To promote accurate collection and communication of medical data in electronic formats

Rationale: The Centers for Medicare & Medicaid Services (CMS) has deemed accurate collection and communication of medical data in electronic formats so important to the future of cost efficiency and quality health care it has passed regulation mandating implementation and offering substantial amounts of money to physicians to offset the implementation of technology that meets specified standards.
16. Health Information Organizations refer to themselves as:

a. Health Information Exchange

Rationale: Although some standardization has been issued with regard to the naming convention of Health Information Organizations, many refer to themselves as a:

- Health Information Exchange
- Clinical Information Exchange
- Health Information Organization
- Regional Health Information Organization
- Health Information Network

Note that all HIOs, regardless of what they call themselves, provide HIE.