

Medicine – Yarmouk University
Elixir Batch
Health Management - Final Exam
(18 Questions out of 20)

1. Not a cause of using economics for healthcare:

- The scarcity of healthcare resources
- Alternative use of healthcare resources
- Increasing Demand for Value
- Increasing Demand for Accountability
- +Increased demand for goods and services

2. Not a Type of Economic Evaluations:

- Cost-Minimization Analysis
- Cost-Utility Analysis
- Cost-Benefit Analysis
- +Cost-Efficiency Analysis

3. Regarding cost-utility analysis, all of the following are true except:

- Effects are multi-dimensional
- Combines life years gained with some judgment on the quality of those lifeyears
- Most popular measure: quality adjusted life years (QALYs)
- Can address technical efficiency and allocative efficiency within the health care sector
- +Its aim is not just to use fund efficiently, but a defined outcome must be realized as well

4. Not of public financing advantages:

- Can be easy and cheap to collect
- Can be equitable
- Facilitates cost-containment
- +May reflect political priorities

5. Not related to Private insurance:

- Private contract offered by an insurer to exchange a set of benefits for a payment of a specified premium
- Marketed either by nonprofit or for profit insurance companies
- Consumers voluntarily choose to purchase an insurance package
- Under individual insurance the premium is based on that individuals risk characteristics
- +The most traditional way of financing health care

6. Not of Private insurance disadvantages:

- Many will be excluded
- Administratively expensive
- Cost-containment problems
- Marketing costs
- +Consumer choice

7. Not of evaluation designs:

- Ongoing service/program evaluation
- Impact evaluation
- Spot check evaluation
- Desk evaluation
- +beginning of program evaluation

8. An indicator is a standardized, objective measure that allows all of the following except:

- comparison among health facilities
- comparison among countries
- comparison between different time periods
- measure of the progress toward achieving program goals
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9. NOT a characteristic of indicators:

- Clarity:
- Useful
- Reliability
- Validity
- +Neither quantitative nor qualitative

10. Not related to collecting and analysis information:

- Develop data collection instruments
- Pre-test data collection instruments
- Analyse data
- Interpret the data
- +Undertake data collection activities for at least 6 years.

11. Not related to reporting findings:

- Write the evaluation report
- Decide on the method of sharing the results
- Share the draft report with stakeholders
- Disseminate evaluation report
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12. Not related to Implementing Evaluation Recommendations:

- Develop a new/revised implementation plan
- Monitor the implementation of recommendations
- Report regularly on the implementation progress
- Plan the next evaluation
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13. Not Related to health behavior:

- Smoking rate
- Diet and nutrition
- Drinking habit
- Drugs abuse and misuse
- +life expectancy

14. Not related to Access to health care:

- Insurance coverage
- Regular source of care
- Avoidable hospitalizations
- Receipt of preventive services
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15. Not of Jordan Demographic indicators:

- Total population in thousands
 - %Urban population out of total population
 - % population growth rate
 - Crude birth rate per 1000 population
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16. Not of Jordan Health status indicators :

- Newborns with birth weight at least 2.5 kg
 - children with acceptable weight for age %
 - infant mortality rate per 1000 live births
 - probability of dying before reaching 5th birthday per 1000 live births
 - maternal mortality rate per 10000 live births
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17. Not related to Quality Assurance:

- systematic approach to assessing, monitoring and improving the quality of health services
 - Focuses on the way we work to identify changes in activities that will improve health care delivery
 - Monitors the successful implementation of those changes
 - Evaluates the plan for quality improvement against reliable data
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18. Not related to hospital accreditation:

- Mechanisms for recognition of institutional competence
 - By an independent accrediting body; Participation by professional groups
 - Applying hospital standards for optimal and achievable performance
 - Emphasis on continuous quality improvement
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GOOD LUCK

Collected by Ameera Mazen Mousa/ Elixir Batch

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