

CPHQ出題内容 & CPHQ試験解説

CPHQ Practice Questions

Question 1

The scientific method in quality improvement is represented by

A. Failure Mode and Effects Analysis.
B. Statistical process control.
C. Sequential problem solving.
D. The PDCA cycle.

Answer: D

The Plan-Do-Check-Act (PDCA) Cycle exemplifies the scientific method in quality improvement: planning a change, doing it, checking to see its effect, and then acting on what we have learned by either rejecting the change or making it a standard part of the process.

Content Category: Management and Leadership
Cognitive level required for a response: Recall
Tasks on the CPHQ exam content outline to which the question is linked: Determine applicability of performance improvement models (e.g. PDCA, Six Sigma, Lean)

Question 2

Clinical practice guidelines reduce

A. Random variation.
B. Anticipated variation.
C. Assignable variation.
D. All types of variation.

Answer: C

Clinical practice guidelines reduce assignable variation. The latter arises from identifiable causes that can be tracked and eliminated. In the context of clinical practice guidelines, assignable variation represents inappropriate variation.

Content Category: Performance Measurement and Improvement
Cognitive level required for a response: Recall
Tasks on the CPHQ exam content outline to which the question is linked: Facilitate evaluation/selection of evidence-based practice guidelines (e.g. for standing orders or as guidelines for physician ordering practice)

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>> CPHQ出題内容 <<

パススルーCPHQ出題内容 | 素晴らしい合格率のCPHQ: Certified Professional in Healthcare Quality Examination | 有用的なCPHQ試験解説

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NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q589-Q594):

質問 # 589

The clinic has a goal to reduce the Healthcare Effectiveness Data and Information Set (HEDIS) measure of' the percent of diabetic patients with a HgA1c greater than 9.0% for accreditation.

Who should be Included on the quality Improvement team?

- A. clinic manager, quality Improvement specialist, provider champion
- B. primary care provider, quality improvement specialist, coder
- C. HEDIS chart abstractor, coder, primary care provider
- D. clinic manager, provider champion. HEDIS chart abstractor

正解: A

解説:

The HEDIS measure of the percent of diabetic patients with a HgA1c greater than 9.0% is an indicator of poor glycemic control and a risk factor for complications¹². Reducing this measure is a quality improvement goal that requires a multidisciplinary approach and data-driven strategies³⁴.

A quality improvement team is a group of individuals with different roles and responsibilities who work together to achieve a common aim⁵⁶. The team should include representatives from various areas of the clinic, such as management, clinical staff, and data analysts⁷⁸.

The clinic manager is responsible for providing effective and consistent leadership, communicating the vision and the steps for improvement, engaging the team in planning and monitoring, allocating resources and training, and fostering a culture of open communication and continuous learning⁷⁸. The quality improvement specialist is responsible for analyzing and reviewing the clinical and business data, suggesting and selecting the key priority areas, implementing and evaluating the improvement interventions, and reporting the results and outcomes⁷⁸.

The provider champion is responsible for modeling enthusiasm and support for quality improvement, leading the clinical discussions and decisions, influencing and educating other providers and staff, and ensuring adherence to evidence-based guidelines and best practices⁷⁸. The HEDIS chart abstractor, the coder, and the primary care provider are also important members of the quality improvement process, but they are not sufficient to form a comprehensive and effective team. The HEDIS chart abstractor and the coder are mainly involved in collecting and coding the data, while the primary care provider is mainly involved in delivering the care. They need the guidance and coordination of the clinic manager, the quality improvement specialist, and the provider champion to align their efforts and achieve the desired outcomes⁷⁸.

Reference: 1: Hemoglobin A1c Control for Patients with Diabetes (HBD) 2: Glycemic Status Assessment for Patients with Diabetes 3: Quality Improvement Team Roles and Responsibilities - PracticeAssist 4:

The Roles & Responsibilities of A Quality Management Team 5: QUALITY IMPROVEMENT TEAMS COMPOSITION 6: Comprehensive Diabetes Care - NCQA 7: HEDIS 2022 Manual - Johns Hopkins Medicine 8: HEDIS Hemoglobin A1c Control for Patients with Diabetes (HBD) 9: GSD - Glycemic Status Assessment for Patients With Diabetes

質問 # 590

In reviewing information offered by the Agency for Healthcare Research and Quality (AHRQ), the quality improvement (QI) specialist recognizes that the three broad aims pursued by the National Quality Strategy are

- A. reduce medical waste, use Lean, and achieve equity and better access to care.
- B. triple aim, reduce utilization, and affordable care.
- C. reduce complications, reduce readmissions, and improve health outcomes.
- D. better care, healthy people/health communities, and affordable care.

正解: D

解説:

The three broad aims pursued by the National Quality Strategy (NQS), as recognized by the Agency for Healthcare Research and Quality (AHRQ), are better care, healthy people/healthy communities, and affordable care. These aims reflect a comprehensive approach to improving healthcare by focusing on enhancing the overall quality of care, improving the health of populations, and reducing the cost of care to ensure it is affordable for all.

Reduce medical waste, use Lean, and achieve equity and better access to care (A): These are important goals, but they do not summarize the NQS's broad aims.

Reduce complications, reduce readmissions, and improve health outcomes (B): These are specific targets within the broader framework but not the three broad aims.

Triple aim, reduce utilization, and affordable care (D): The triple aim concept is related, but it is not identical to the three broad aims of the NQS.

Reference

NAHQ Body of Knowledge: National Quality Strategy and Healthcare Improvement NAHQ CPHQ Exam Preparation Materials: Understanding National Quality Initiatives

質問 # 591

The primary benefit of adopting a countrywide or global uniform set of discharge data is to:

- A. Facilitate collection of comparable health information.
- B. Validate data being collected from other sources.
- C. Assist medical records personnel in collecting internal data.
- D. Facilitate computerization of data.

正解: A

質問 # 592

Payers are more likely to embrace the optimization definition of care which can put them at odds with:

- A. Physicians
- B. Both A and B
- C. Clinicians
- D. Health administrators

正解: A

質問 # 593

Which of the following should be a part of an organization's program of continuous readiness for accreditation?

- A. Perform periodic audits to ensure standards for accreditation are met.
- B. Maintain detailed agendas for environment of care rounding.
- C. Conduct quarterly training on accreditation standards.
- D. Schedule the accreditation survey when the organization's CEO is available.

正解: A

解説:

An organization's program of continuous readiness for accreditation should include a variety of activities to ensure that the organization is always prepared for an accreditation survey. One of these activities is performing periodic audits to ensure that the standards for accreditation are being met. These audits can help identify areas of non-compliance and provide an opportunity for improvement before an accreditation survey. This approach ensures that the organization is not only prepared for the survey but is also committed to continuous quality improvement, which is a key aspect of accreditation. References: 1

質問 # 594

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