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The Certified Professional in Healthcare Quality Examination (CPHQ) is a certification exam designed for healthcare quality professionals. CPHQ exam is offered by the National Association for Healthcare Quality (NAHQ) and is intended to assess the competency and knowledge of professionals working in the field of healthcare quality. The CPHQ Certification is recognized as the gold standard in the healthcare quality industry and is highly respected by employers, colleagues, and patients alike.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q61-Q66):

NEW QUESTION # 61

What approach should be followed by the healthcare improvement team for the best outcomes?

- A. Stockpiling of data "just in case"
- B. Data collection should be thorough. The team may need the data down the road
- C. Collecting the critical few rather than collecting for a rainy day
- D. Collection of a balanced amount of data in order to full-fill the current demands

Answer: C

NEW QUESTION # 62

Patient satisfaction and patient experience-of-care surveys are the most common quantitative measures healthcare organizations use, but they can use other important _____ to obtain important information from patients and their families to guide improvement work. (Choose two.)

- A. Focus group research
- **B. Qualitative measures**
- C. Patient satisfaction surveys
- **D. Listing posts**

Answer: B,D

NEW QUESTION # 63

The data below shows 30-day readmission rates for heart failure patients by the primary language spoken and by gender with 95% confidence intervals in parentheses. Which group should be the priority target for reducing disparities in readmission rates?

- A. All Russian speakers
- **B. All Arabic speakers**
- C. Arabic-speaking females
- D. Russian-speaking females

Answer: B

Explanation:

The goal is to identify the group with the greatest disparity in 30-day readmission rates for heart failure patients, focusing on primary language and gender, to prioritize interventions for reducing disparities. NAHQ CPHQ study materials emphasize that addressing disparities in population health involves targeting groups with the highest rates of adverse outcomes, such as readmissions, to achieve health equity. Disparities are often influenced by social determinants of health, including language barriers, which can affect communication, understanding of discharge instructions, and access to follow-up care.

The data shows readmission rates by language and gender, with 95% confidence intervals indicating the range of uncertainty around the point estimates. Let's analyze the rates:

* English: Males 15% (14-16%), Females 16% (13-19%)

* Spanish: Males 18% (15-21%), Females 19% (15-23%)

* Russian: Males 20% (15-25%), Females 21% (20-22%)

* Arabic: Males 22% (15-29%), Females 23% (15-31%)

First, compare the point estimates across groups. Arabic-speaking patients have the highest readmission rates:

22% for males and 23% for females, followed by Russian-speaking patients at 20% for males and 21% for females. English-speaking patients have the lowest rates at 15% for males and 16% for females. The confidence intervals show overlap between groups (e.g., Arabic males 15-29% overlaps with Russian males

15-25%), but the point estimates provide a clear ranking, with Arabic speakers consistently highest.

To assess disparities, calculate the overall rates for language groups by averaging male and female rates (since the options include "All Arabic speakers" and "All Russian speakers"):

* Arabic speakers: $(22\% + 23\%) / 2 = 22.5\%$

* Russian speakers: $(20\% + 21\%) / 2 = 20.5\%$

* Spanish speakers: $(18\% + 19\%) / 2 = 18.5\%$

* English speakers: $(15\% + 16\%) / 2 = 15.5\%$

Arabic speakers have the highest average readmission rate (22.5%), indicating the greatest disparity compared to English speakers (15.5%), a difference of 7 percentage points. Russian speakers have a 20.5% average rate, a 5-point difference from English speakers.

Now, compare the gender-specific options: Arabic-speaking females (A) have a rate of 23%, and Russian-speaking females (B) have a rate of 21%. While Arabic-speaking females have the highest single rate, the question asks for the priority group to reduce disparities, which often involves targeting the broadest group with the largest overall disparity. Option C, "All Arabic speakers," encompasses both males (22%) and females (23%), with an average of 22.5%, making it the group with the most significant disparity across both genders. Option D, "All Russian speakers," has a lower average rate (20.5%).

The confidence intervals, while wide for smaller groups like Arabic and Russian speakers, do not change the prioritization, as the point estimates consistently show Arabic speakers with the highest rates. NAHQ emphasizes targeting the group with the greatest

disparity in outcomes to address health equity, particularly when language barriers (e.g., Arabic speakers) may contribute to higher readmissions due to communication challenges. Therefore, "All Arabic speakers" (C) should be the priority target for interventions, such as language-specific education or interpreter services, to reduce disparities in readmission rates.

Reference: NAHQ CPHQ Study Guide, Population Health and Care Transitions Section, "Addressing Health Disparities in Readmissions"; NAHQ CPHQ Practice Exam, Population Health Data Analysis for Equity.

NEW QUESTION # 64

A director at a large health system is tasked with building a new population health program. What is the director's first step?

- A. Design a complex care management program focused on chronic health conditions.
- **B. Analyze the data infrastructure capabilities and sources of information.**
- C. Implement artificial intelligence programs to stratify patients into categories of risk.
- D. Identify strategies to incorporate social determinants of health screenings.

Answer: B

Explanation:

The first step in building a new population health program is to analyze the data infrastructure capabilities and sources of information. Effective population health management requires robust data collection, integration, and analysis capabilities to identify and stratify patient populations, track health outcomes, and monitor program effectiveness. Understanding the current data infrastructure will enable the director to assess whether the existing systems can support the new program and what enhancements may be needed.

* Implement artificial intelligence programs to stratify patients into categories of risk (A): While important, this is a later step that depends on having a solid data infrastructure in place.

* Identify strategies to incorporate social determinants of health screenings (B): This is also crucial but should follow an understanding of the data infrastructure and capabilities.

* Design a complex care management program focused on chronic health conditions (C): Designing the program is important but must be informed by a thorough analysis of the data capabilities.

References

* NAHQ Body of Knowledge: Data Management in Population Health Programs

* NAHQ CPHQ Exam Preparation Materials: Steps to Building a Population Health Program

NEW QUESTION # 65

Some argue that administrative data are less reliable than data gathered by chart review. However, administrative data can be just as reliable as data from chart review when they are properly cleaned and validated, the indicator definitions are clear and concise, and measures from the CR system were validated using approach/es:

- A. Chart review performed for the joint commission core measures
- B. Chart review using an appropriate sampling methodology
- C. Comparison to similar measures in standalone database
- **D. All of these**

Answer: D

NEW QUESTION # 66

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