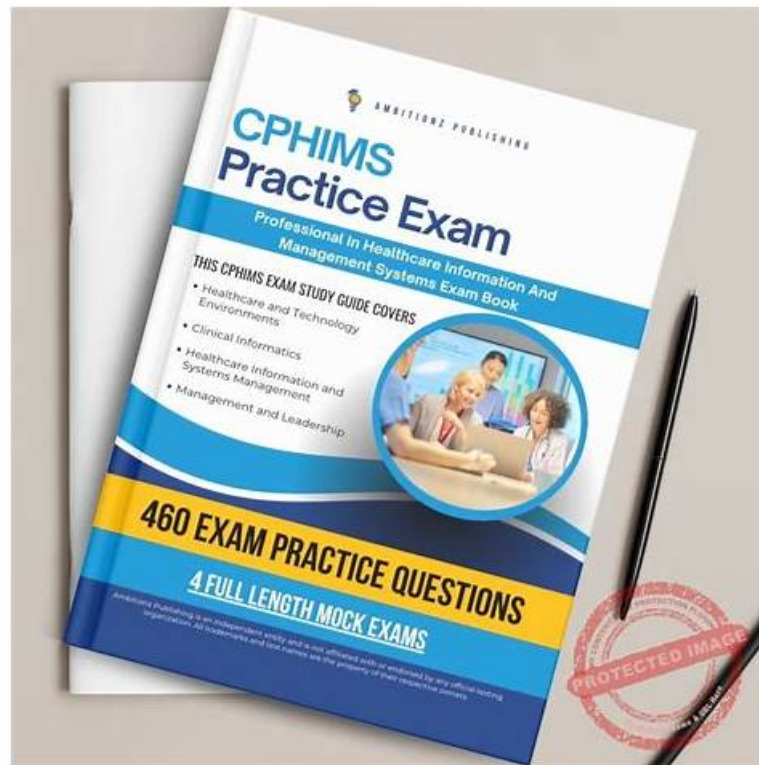


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## HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q96-Q101):

### NEW QUESTION # 96

A consultant has been tasked to evaluate the intake process of the emergency department. Which of the following should the consultant do FIRST?

- A. Time study.
- **B. Workflow analysis.**
- C. Simulation.
- D. Benchmarking.

**Answer: B**

Explanation:

The first step in evaluating an emergency department (ED) intake process is to understand how the work is currently performed, end-to-end, across people, tasks, information, and enabling technologies. Workflow analysis comes first because it establishes the "current state" process map: who performs each step (registration, triage, bed assignment), what information is collected, where delays occur, how handoffs happen, what systems are used (EHR, tracking board), and where rework or duplication exists. This aligns with health IT and process-improvement best practices emphasized in healthcare information and management contexts: you cannot accurately measure, simulate, or compare a process until you have clearly defined it.

A time study (measuring durations and wait times) is valuable, but it should be guided by the workflow map so the consultant measures the right segments and interprets delays correctly (e.g., delay due to staffing vs.

documentation bottlenecks). Simulation is typically performed after workflow and data collection to test

"what-if" changes (staffing models, fast-track pathways). Benchmarking is also later-stage because comparing to peers is only meaningful when the organization's process boundaries and definitions are consistent and well understood. Therefore, workflow analysis is the correct first action.

### NEW QUESTION # 97

Which of the following is a benefit of Telehealth?

- **A. Removes geographic barriers.**
- B. Improves decision making.
- C. Fosters collaboration.
- D. Increases reimbursement.

**Answer: A**

Explanation:

A primary, well-established benefit of telehealth is that it removes geographic barriers by enabling patients and clinicians to connect without needing to be in the same physical location. This expands access to care for people in rural or underserved areas, those with limited transportation, mobility challenges, or time constraints, and patients who need specialty services not available locally. Telehealth supports care delivery across distance for activities such as follow-up visits, chronic disease check-ins, behavioral health sessions, medication management, and post-discharge monitoring, helping patients receive timely care and reducing missed appointments.

While telehealth can also support collaboration (for example, specialist consults with local teams) and may contribute to better clinical decisions when it increases access to expertise or patient data, those outcomes are not as universally direct as the core access advantage. "Increases reimbursement" is not an inherent benefit of telehealth because reimbursement depends on payer policies, regulations, service type, and documentation requirements; in some contexts reimbursement may be equal, lower, or subject to restrictions. Therefore, the most consistently correct benefit among the options is the reduction of geographic barriers to healthcare access.

### NEW QUESTION # 98

Which of the following aspects of cloud computing has benefitted population health?

- A. Improved patient data privacy.
- **B. Increased information sharing.**
- C. Increased data reliability.
- D. Improved API interoperability.

**Answer: B**

Explanation:

Population health focuses on improving outcomes for groups of patients by identifying trends, care gaps, and risk factors across communities. The cloud's most direct contribution to this work is increased information sharing. Cloud-based platforms make it easier to aggregate and exchange data from multiple sources- hospitals, clinics, labs, public health agencies, registries, and sometimes patient-generated data-so analysts and care teams can view a more complete picture of a population. With shared, centralized (or federated) data services, organizations can support activities such as chronic disease registries, immunization tracking, outbreak monitoring, risk stratification, and care coordination across settings.

While API interoperability (option B) is important, it is best viewed as an enabling mechanism that supports sharing; the benefit to population health comes from the resulting ability to combine data and collaborate across organizations. Improved patient data privacy (option C) is not an inherent outcome of moving to cloud-privacy depends on governance, configuration, access controls, and compliance practices. Increased data reliability (option D) can be a benefit of mature cloud architectures (redundancy, backups), but reliability alone does not drive population-level insights unless data can be shared and analyzed across sources. Therefore, the clearest population-health benefit is increased information sharing.

### NEW QUESTION # 99

Vendor finalists perform demonstrations based on selected scripted user specifications from the

- A. Statement of Work (SOW).
- B. Request for Information (RFI).
- C. Request for Quotation (RFQ).
- **D. Request for Proposal (RFP).**

**Answer: D**

Explanation:

Vendor finalist demonstrations are typically conducted based on scripted scenarios derived from the Request for Proposal (RFP). In healthcare IT procurement, the RFP outlines detailed functional, technical, operational, and compliance requirements that vendors must address in their proposals. As part of the evaluation process, organizations develop scripted workflows-often reflecting real clinical, administrative, and revenue cycle use cases-directly from RFP requirements. Finalist vendors are then required to demonstrate how their system performs these predefined tasks in a controlled and comparable manner.

The purpose of using RFP-based scripts is to ensure objective evaluation. Each vendor demonstrates identical scenarios, allowing stakeholders to compare usability, workflow alignment, reporting capability, interoperability features, and decision-support functionality. This structured method reduces bias and ensures the product supports documented organizational needs.

In contrast, a Statement of Work (SOW) defines scope and deliverables after a vendor is selected. A Request for Quotation (RFQ) focuses primarily on pricing. A Request for Information (RFI) is used earlier in the process to gather general market capabilities and does not contain detailed functional requirements suitable for scripted demos. Therefore, the correct answer is RFP.

### NEW QUESTION # 100

Digital health apps and fitness tracking devices can add patients' health data to their Electronic Health Records (EHR) by using a(n):

- **A. Application Programming Interface (API).**
- B. Controlled Unclassified Information (CUI).
- C. Electronic Data Interchange (EDI).
- D. Virtual Desktop Machine (VDM).

**Answer: A**

Explanation:

An Application Programming Interface (API) is the standard technology mechanism that allows digital health apps and consumer fitness devices to exchange data with an EHR in a controlled, automated way.

APIs define the rules for how one software system can request data from, or send data to, another system- typically using secure authentication, authorization, and standardized data formats. In modern healthcare interoperability, APIs enable patient-generated health data (PGHD) such as heart rate, activity, sleep, glucose readings, and blood pressure measurements to flow into clinical systems where it can be reviewed, trended, and incorporated into care plans. This approach supports patient engagement and more continuous monitoring beyond traditional clinical visits.

The other options do not fit this function. CUI is a U.S. government information classification concept and is not a data exchange method for EHR integration. EDI is primarily used for structured business transactions (such as eligibility checks and claims submissions) rather than streaming wellness-device metrics into clinical records. VDM (virtual desktop) is a way to deliver a desktop computing environment remotely; it does not provide a standardized pathway for device/app data ingestion into an EHR. Therefore,



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