

1/ How much the patients valued the health outcome in monetary term is the definition of:  
Select one:

A/ perceived value

2/ All of the following are principal outcome categories used in economic evaluation except

A/ Fixed cost

3/ an economic method that captures an individual's preference for income today her than income in future

A/ Discounting

4/ One of the main reasons for the application of pharmacoeconomics is that there are limited resources and thus health systems can afford all health care interventions/services:

A/ False

5/ Suppose decision maker had to choose between two proposals for implementation. Also assume that the projects are for 1 year (Proposal A: Cost=\$1000; Benefit=\$2000) and (Proposal B: Cost=\$5000; Benefit=\$7500), what is the net benefit for proposal J :

A/ 1000

6/ Is/are fundamentally comparative, weighing the costs and benefits of option 1 with those of option 2

A/ Health economics

Pharmacoeconomics

7/ Pharmacoeconomics evaluations are used within the healthcare sector to: :

A/ Make decisions involving formularies and how medicines can be used in a more cost saving manner

8/ All of the following is true regarding cost utility analysis Except:

A/ QALYS are biased toward elderly population

9/ All of the following are classified as indirect cost Except:

A/ Out of pocket cost

10/ Cost of supply chain :management is classified as fixed cost.

11/ Cost utility analysis would be most appropriate if the important outcome is ?multidimensional

True

12/ Health economics/Pharmacoeconomics is about making choices between options, when there are enough resources

False

13/The ideal perspective to adopt in pharmacoeconomics analysis is Societal

14/ A computer simulation is run where different values from these ranges are selected randomly using which of the following types of sensitivity analysis

A/ Probabilistic sensitivity analysis

15/ To attach a unit costs to each resource categories to estimate the total cost is the definition of

A/ value

16/ Resource use quantity consumed multiplied by its unit cost is the :definition of

A/ Total cost

18/ All of the following are factors that impact QoL Except

A/ Objective

19/ Simulating the expected costs an outcome for each patient individually is the principle of Markov modelling

A/ False

:20/ Costs that do not vary with the quantity of output in the short run is classified as

A/ fixed oil

21/ how to buy the greatest amount of benefit for a given resource use is the definition of :

all

A/ Efficiency

:22/ Costs that are incurred whether patients are treated or not are classified as

Fixed cost

.23/ How much the patients valued the health outcome in monetary term is the definition of

A/ perceived value

24/ When the greatest amount of benefit can be bought for a given amount of money or

:resources, then we will be achieving

A/ Effectiveness

25/ At which type of economic evaluation outcome is measured in QALY

A/ cost utility analysis

:26/ Costs that are incurred whether patients are treated or not are classified as

A/ fixed cost

:27/ QALY assigns to each period of time (LYG) a weight (Utility score) ranging from

A/ 0-1

28/ Patients' out-of-pocket expenses, is an example of:

A/ Direct non – medical cost

29/ Hospital room charges, are an example of:

A/ direct medical cost

30/ Cost resulted from anxiety, pain or suffering from an illness or from a treatment is the definition of:

A/ Intangible cost

31/ includes comparing the difference in fixed and variable costs between different health care programme

A/ incremental cost

32/ Economic evaluations consist of two components: outputs (costs) and inputs (patient benefits or outcomes):

A/ False

33/ There are four factors that can affect patients quality of life:

A/ False

34/ When the greatest amount of benefit can be bought for a given amount of money or resources, then we will be achieving:

A/ efficiency

35/ Provider perspective is the ideal perspective to adopt. However, due to the impracticality in measuring intangible and indirect costs, majority of the economic studies adopt the payer perspective:

A/ False

36/ Provider perspective is the ideal perspective to adopt. However, due to the impracticality in measuring intangible and indirect costs, majority of the economic studies adopt the payer perspective:

A/ CMA

37 Using the following costs related to Pharmacy Based Cholesterol Screening Service  
Renovation of screening area: £5000 Screening machine: £1200 Training costs: £1500  
pharmacist's time screening: £2 per patient Reagents: £0.50 per patient Disposable  
equipment: £0.50 per patient What is the total cost of the screening for 200 patients?

A/ 41.5 JD

38/ Space is an example of .... in the economic evaluation:

A/ input

39/ Dividing the difference in costs to the difference in effects between the interventions can be done in:

A/ CUA and CEA

40/ All direct, indirect and intangible costs are included in which economic perspective:

A/ Societal

41/ Patient A (have an insurance in the MOH and he cover 20% of his insurance) has been transferred from MOH to JUH to get a medical treatment. The actual costs of the medical service provided by the JUH were 100 JD, what is the cost from societal perspective:

A/ 100 JD