*Dear learner,*

*Are you ready for your final exam? It consists of 40 questions covering most learning objectives. Beware of the limitation on number of attempts for this course. Each month you will only have 3 attempts to ensure the quality of the exam. Every module has one or more multiple practice quizzes to practice with the learning material, which provides the opportunity to practice. This final exam will be your ultimate test to finish the course.*

*Good luck!*

Why do we need alternative payment models?

*Multiple answers apply*

**1 point**

Current payment models largely incentivise providers to increase volume

Current payment models are not well risk adjusted (This statement is not correct. Risk adjustment schemes are being used for setting the right premiums and fees. Although important, this is not related to the need for payment reforms.)

Fee-for-service lacks an incentive to stimulate collaboration amongst providers

There is  a misalignment between the overarching system goals and the way we incentivise our providers

**2.**

Question 2

In what way are the concepts of ‘system roles’, ‘system goals’ and ‘provider incentives’ related?

**1 point**

System goals, system roles, provider incentives

Providers incentives, system goals, system roles

System roles, providers incentives, system goals

System goals,  providers incentives, system roles

**3.**

Question 3

 True or false?

Berwicks' theory distinguishes from other theories on value, by pointing out the importance of focussing on three goals at the same time.

**1 point**

True

False

**4.**

Question 4

Which base payment model has the following limitation?

“Providers can increase their margins and profits by targeting healthy populations.”

**1 point**

Capitation

Fee-for-service

Cost-reimbursement

**5.**

Question 5

True or false?

Payment models are about the way the money is being paid and not about the amount of money which is paid to the providers.

**1 point**

True

False

**6.**

Question 6

True or false?

Under a capitation payment model, providers receive a fixed amount per enrollee per month, quarter or year.

**1 point**

True

False

**7.**

Question 7

Which statements are true?

*Multiple answers apply*

**1 point**

Insurance risk refers to the risks of the costs of care that are outside of the control of providers

APMs aim to minimise performance risk for providers

Performance risk refers to the risk of the costs of care that a provider can control

Within capitation a large part of the insurance risk is shifted toward the provider

**8.**

Question 8

True or false?

Frakt states that providers bear less risk under a ‘capitation’ payment model than under a fee-for-service payment model.

**1 point**

True

False

**9.**

Question 9

What are the central assumptions of shifting more accountability toward providers?

*Multiple answers apply*

**1 point**

Bearing financial risk leads to an incentive for a provider to change his behaviour

To optimise accountability, providers need to bear financial accountability buxuan

Contract design choices will reduce providers’ accountability

By bearing accountability and  financial risk providers have an incentive to deliver more value

**10.**

Question 10

Providers can be stimulated by financial and non-financial incentives. An example of a non-financial incentive is ….

**1 point**

Providing benchmark information to providers

Rewarding providers with a bonus when predetermined targets are reached

Giving an upfront fee to the provider with the potential penalize providers if performance standards are not met

Shifting accountability via a capitated fee from payer to provider

**11.**

Question 11

True or false?

The amount of financial accountability that a provider bears can be influenced by both the payment type and contract design choices.

**1 point**

True

False

**12.**

Question 12

Which statements puts the four categories from most provider accountability towards less provider accountability?

**1 point**

FFS - no link value, FFS - link with value, APM build on FFS architecture, Population based payment

Population based payment, APM build on FFS architecture, FFS with link with value, FFS with no link with value

APM build on FFS architecture, Population based payment, FFS with link with value, FFS with no link with value

FFS with link with value, shared savings models, APM build on FFS architecture, Population based payment

**13.**

Question 13

P4P is an add-on payment.

Which of the following statements about P4P is true?

**1 point**

A very well known example of a P4P model is Orthochoice

The rigorous evaluated P4P model is the Quality and Outcomes Framework

A P4P payment can not be combined with a shared savings model

~~The most evaluated P4P model is the Alternative Quality Contract~~

**14.**

Question 14

What does the phenomenon ‘treating to the test’ refer to?

**1 point**

The tendency to focus more on the targeted indicators

The risk of free-riding by an individual provider

The risk selection of patients (avoiding complex patients)

**15.**

Question 15

Which of the following statements are true?

The Alternative Quality Contract...

**1 point**

Is a one-sided shared savings model

Has no incentive to provide high-value care

Links quality outcomes to sharing rates

Is an example of a pay for performance payment model

**16.**

Question 16

Which statements about the one-sided shared savings model are true?

*Multiple answers apply*

**1 point**

In a one-sided model providers do not share in the realised savings

In a one-sided model providers do not assume risk for financial losses

In a one-sided model providers share in the realised savings

In a one-sided model providers assume risk for financial losses

**17.**

Question 17

Which answer is true?

According to prof. Shortell, providers under the Medicare Shared Savings Program...

**1 point**

Are initially not at risk for downside losses

Are incentivised to primarily focus on cost control

Are incentivised to primarily focus on quality improvements

Are showing similar results all across the program

**18.**

Question 18

Which answers are correct?

According to Dr. Hildebrandt, Gesundes Kinsigtal is …

*Multiple answers apply*

**1 point**

An example of a shared savings program

Results in benefits for the payer (e.g. sickness funds) while improving quality of care

Spreading the payment model to other areas without adapting to the context

An example of a bundled payment program

**19.**

Question 19

True or False?

Retrospective bundled payments are less applied than prospective bundled payments

**1 point**

True

False

**20.**

Question 20

True or False?

Bundled payments have a stronger incentive to stint on care as compared to fee-for-service payment models.

**1 point**

True

False

**21.**

Question 21

Bundled payments are increasingly implemented in multiple countries.

Which of the following statements about bundled payments is/ are true?

*Multiple answers apply*

**1 point**

A concern of bundled payment is that providers aim to attract more patients

An incentive of bundled payment is to reduce duplicated services

Bundled payment models have no incentives to stimulate preventive services

A concern of bundled payment models is stinting on care

**22.**

Question 22

True or False?

Conceptually, retrospective bundled payment leads to two health purchasing markets.

**1 point**

True

False

**23.**

Question 23

True or False?

Prof. Wodgis talks about the integrated funding models in Ontario. A reason for the low uptake of the integrated funding models is that patients felt it limited their choice for providers.

**1 point**

True

False

**24.**

Question 24

Eijkenaar et al. (2013) performed a comprehensive study about the design and empirical evidence of pay-for-performance.

What was the key message of the study?

**1 point**

The evidence shows that P4P models should be encouraged more

The evidence shows that P4P models are not working and should be discouraged

There are limited opportunities for increasing the incentive strength of P4P models, since utmost care was taken in the design of the programs

The mixed evidence for P4P initiatives might be caused by design flaws

**25.**

Question 25

True or False?

The further we move to the right of the HCP-LAN framework, the weaker the evidence becomes.

**1 point**

True

False

**26.**

Question 26

True or False?

The APM roadmap as discussed in this course is developed by Steenhuis et al.

**1 point**

True

False

**27.**

Question 27

What are the three steps of the pre-contractual phase of the APM roadmap?

*Multiple answers apply*

**1 point**

Selecting providers

Negotiation

Specifying the APM

Identifying patients

**28.**

Question 28

Which statement about behavioral economics is true?

**1 point**

Conventional economics does not look at human behavior

Predictions that conventional economics make about human behavior are proven false

Behavioral economics argues that we deviate from rationality in predictable situations

Behavioral economics predicts that people are mostly irrational

**29.**

Question 29

What does behavioral economics say about deviations from rational behavior?

**1 point**

Deviations from rationality are random

Deviations from rationality show that the predictions by conventional economics are mostly false

Deviations from rationality occur mostly when making high-stakes decisions

Deviations from rationality are systematic in predictable situations

**30.**

Question 30

What is the relation between system 1 and 2?

**1 point**

System 2 cannot learn from System 1

System 2 typically rejects the fast suggestion of System 1

System 2 creates the intuitive suggestion of System 1

System 2 often accepts the intuitive suggestions of System 1

**31.**

Question 31

What does loss aversion entail?

**1 point**

Gains have more impact than losses

Gains and losses have equal impact on people

Loss is the strongest human motivator

Losses have more impact than gains

**32.**

Question 32

Assume you want to introduce a new drug to the market.

What would be the best framing according to Prospect Theory?

**1 point**

This drug has been overlooked by others

This drug gives many benefits that other drugs don’t

This drug will prevent many early deaths

This drug will extend many lives

**33.**

Question 33

Pete gets to choose between a sure loss of $500 or a 50/50 chance of losing 0 or losing $1000.

Joe gets to choose between a sure gain of $500 or a 50/50 chance to win 0 or win $1000.

Who, according to Prospect Theory, is more likely to take the gamble over the sure thing?

**1 point**

Pete, because risk taking increases in the domain of losses

Joe, because risk taking increases in the domain of gains

They are equally likely to choose the gamble

We cannot say anything about this, because we do not know the personalities of Joe and Pete

**34.**

Question 34

What is true about the S-shaped value function?

*Multiple answers apply*

**1 point**

Early gains feel better than additional gains

Early losses feel worse than additional losses

The value function is concave for gains and convex for losses

It could also be drawn Z-shaped, without any conclusions changing

**35.**

Question 35

Which behaviour could be explained by prospect theory?

**1 point**

The repeated investment of money in a failing project

Stopping the investment of money in a failing project

Less hospital visits after summer

A peak in investments in the summer

**36.**

Question 36

Why do people change their risk taking when facing either a loss or a gain?

*Multiple answers apply*

**1 point**

Because people respond to changes in wealth

Because people try to avoid losses

Because people pursue best final end-states

Because people like gains more than they dislike losses

**37.**

Question 37

To which concept refers the following statement: a choice where there is time between a decision and its consequences?

**1 point**

Intertemporal choice

Loss aversion

A nudge

Discounting

**38.**

Question 38

Which statement about intertemporal choice is true?

**1 point**

Our degree of impatience is stable

We are most impatient if we have to wait in the future

We prefer our benefits later rather than sooner

We are most impatient if we have to wait now

**39.**

Question 39

What is choice architecture?

**1 point**

The way in which a choice is presented to people

The neutral presentation of choices to people

The way an architects makes choices

The possibility to choose between multiple architects

**40.**

Question 40

What distinguishes a nudge from an obligation/ prohibit?

**1 point**

A nudge preserves freedom of choice

A nudge is meant to be fun

A nudge is not paternalistic

A nudge typically works better to influence behavior