WESTERN GOVERNORS UNIVERSITY (WGU) HLTH2160 D393 HISTORY OF HEALTHCARE IN AMERICA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. What crucial function does the shared savings model serve in health care?

A. Encourages independent practice management

B. Promotes individual payment for services rendered

C. Fosters collaboration among healthcare providers to reduce costs

D. Limits patient choices for specialists

2. What is telemedicine primarily used for?

A. The in-person examination of patients

B. The electronic transmission of medical care to patients

C. Scheduling appointments for health visits

D. Conducting medical research remotely

3. Which strategy was used by the American healthcare system to increase healthcare access to the majority of Americans who lived in rural areas in the 1700s?

A. Community health fairs

B. Doctors made house calls for severe illnesses

C. Mobile health clinics

D. Telehealth services

4. Which medical service plan, established in 1939, was the first to cover physician services?

A. Blue Cross

B. Workers' Compensation

C. Blue Shield

D. Smallpox

5. Which unethical human subject research study in the United States provided no treatment or compensation?

A. Milgram Experiment

B. Willowbrook Study

C. The Tuskegee syphilis study

D. Stanford Prison Experiment

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6. Which healthcare advancement is credited with significantly reducing maternal mortality rates in the 20th century?

A. Growth of midwifery practices

B. Improvements in surgical techniques

C. Development of prenatal care programs

D. Introduction of vaccination

7. Which of the following is NOT a semisynthetic opioid?

A. Heroin

B. Oxycodone

C. Meperidine

D. Hydromorphone

8. What services are covered under Medicare Part A for Americans aged 65 and over?

A. Ambulatory care solely

B. Hospital and nursing home coverage

C. Prescription drug coverage

D. Preventative services only

9. What was the foundation year of the Johns Hopkins School of Hygiene and Public Health?

A. 1890

B. 1900

C. 1916

D. 1919

10. What significant legislation was enacted in 1946 to subsidize the construction of hospitals?

A. The Social Security Act

B. The Hospital Survey and Construction Act

C. The Medicare Modernization Act

D. The Affordable Care Act

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Answers

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1. C
2. B
3. B
4. C
5. C
6. C
7. C
8. B
9. C
10. B

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Explanations

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1. What crucial function does the shared savings model serve in health care?

A. Encourages independent practice management

B. Promotes individual payment for services rendered

C. Fosters collaboration among healthcare providers to reduce costs

D. Limits patient choices for specialists

The shared savings model plays a crucial role in health care by fostering collaboration among healthcare providers to reduce costs. This model incentivizes providers to work together to improve health outcomes while also minimizing unnecessary expenditures. By aligning the financial interests of various providers—such as hospitals, specialists, and primary care providers—the shared savings model encourages teams to coordinate patient care more effectively, streamline processes, and focus on preventive measures. If these teams can keep expenses below a certain benchmark while maintaining or improving the quality of care, they share in the savings that result. This collaborative approach ultimately aims to enhance patient care while controlling costs, reflecting a significant shift from traditional fee-for-service models, which may not incentivize cost reduction or collaboration.

2. What is telemedicine primarily used for?

A. The in-person examination of patients

B. The electronic transmission of medical care to patients

C. Scheduling appointments for health visits

D. Conducting medical research remotely

Telemedicine is primarily used for the electronic transmission of medical care to patients. This method utilizes technology to provide healthcare services remotely, which allows healthcare professionals to diagnose, consult, and treat patients without the need for in-person visits. Telemedicine can encompass a variety of services, including video consultations, remote monitoring, and digital communication, making healthcare more accessible, especially for individuals in remote locations or those with mobility challenges. This technology has become increasingly important for managing patients' needs efficiently and effectively, especially in situations where in-person visits may not be feasible. The other options reflect aspects of healthcare and medical practice but do not define telemedicine. For example, while scheduling appointments is an essential function within healthcare systems, it does not encompass the concept of telemedicine itself. Similarly, in-person examinations are contrary to the nature of telemedicine since they require the physical presence of the patient and provider. Lastly, conducting medical research remotely, though relevant, doesn't capture the primary use of telemedicine in delivering care directly to patients.

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3. Which strategy was used by the American healthcare system to increase healthcare access to the majority of Americans who lived in rural areas in the 1700s?

A. Community health fairs

B. Doctors made house calls for severe illnesses

C. Mobile health clinics

D. Telehealth services

The strategy of having doctors make house calls for severe illnesses played a significant role in increasing healthcare access for individuals living in rural areas during the 1700s. During this time, the healthcare infrastructure was limited, and many communities lacked easy access to medical facilities. As a result, physicians often traveled directly to patients' homes to provide care, especially for those who were too ill or who lived far from a hospital or clinic. This practice was essential in ensuring that patients received necessary medical attention without the burden of traveling long distances. It reflected the localized nature of healthcare during that period, where the doctor-patient relationship was closely tied to the community and geography. Making house calls allowed physicians to assess and treat various ailments in the patient's own environment, which not only improved access to care but also helped build trust within rural communities. The other strategies mentioned, such as community health fairs, mobile health clinics, and telehealth services, represent approaches that developed later as healthcare systems evolved and adapted to meet the needs of different populations. These options were not prevalent or feasible in the 1700s, which further highlights the importance of house calls in that era as a means to provide healthcare access in rural regions.

4. Which medical service plan, established in 1939, was the first to cover physician services?

A. Blue Cross

B. Workers' Compensation

C. Blue Shield

D. Smallpox

The recognition of Blue Shield as the first medical service plan to cover physician services is significant in the history of healthcare in America. Established in 1939, Blue Shield was created to provide coverage specifically for physician services, including outpatient care and associated expenditures. This was a pivotal development in the evolution of health insurance, as it marked a move away from solely hospital-based insurance plans, like Blue Cross, which primarily focused on hospitalizations. By introducing coverage for physician services, Blue Shield addressed a critical aspect of healthcare that had previously been underrepresented in insurance models. This innovation helped to lay the groundwork for more comprehensive health insurance offerings in the years that followed, further influencing the way healthcare is accessed and financed in the United States. This context reflects the importance of Blue Shield in transforming healthcare financing, distinguishing it from other options such as Workers' Compensation, which primarily covers workplace injuries; Blue Cross, focused on hospital care; and the smallpox option, which seems unrelated to a medical service plan for a range of physician services. Thus, Blue Shield's establishment is viewed as a key milestone in broadening the scope of health coverage and making healthcare more accessible to the public.

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5. Which unethical human subject research study in the United States provided no treatment or compensation?

A. Milgram Experiment

B. Willowbrook Study

C. The Tuskegee syphilis study

D. Stanford Prison Experiment

The Tuskegee Syphilis Study is notable for its unethical approach in conducting human subject research, particularly in how it denied treatment and compensation to vulnerable participants. This study began in the 1930s and continued for several decades, observing the natural progression of untreated syphilis in African American men from Alabama. Participants were misled about their condition and were not informed that they had syphilis. Despite the availability of effective treatment in the 1940s, researchers continued the study without providing the men with the necessary medical care or informing them of the treatment options. This blatant disregard for the health and autonomy of the participants exemplifies a significant ethical violation in human research. Understanding this context is crucial when considering the impacts of unethical medical studies on both individual lives and the wider community. The lasting repercussions of the Tuskegee Study have significantly influenced modern ethical standards and regulations surrounding clinical research, emphasizing informed consent and the obligation to provide care.

6. Which healthcare advancement is credited with significantly reducing maternal mortality rates in the 20th century?

A. Growth of midwifery practices

B. Improvements in surgical techniques

C. Development of prenatal care programs

D. Introduction of vaccination

The development of prenatal care programs is credited with significantly reducing maternal mortality rates in the 20th century because these programs focus on monitoring and promoting the health of pregnant women and their babies throughout pregnancy. Prenatal care includes regular check-ups, screenings for potential complications, education on nutrition and healthy practices during pregnancy, and access to essential medical interventions when necessary. This comprehensive approach allows for early detection of risks and conditions such as gestational diabetes or preeclampsia, which can greatly affect maternal and infant health. The emphasis on prenatal care led to improved outcomes through better management of pregnancies and increased awareness of the importance of maternal health, contributing directly to the reduction of maternal deaths associated with childbirth. Such advancements not only improved immediate care but also had lasting effects on maternal health practices, setting a foundation for modern obstetrics and gynecology.

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7. Which of the following is NOT a semisynthetic opioid?

A. Heroin

B. Oxycodone

C. Meperidine

D. Hydromorphone

Meperidine is not classified as a semisynthetic opioid; rather, it is considered a fully synthetic opioid. It is synthesized from basic chemical compounds, which means it does not originate from opium or its natural derivatives. Semisynthetic opioids, on the other hand, are derived from naturally occurring opiates that have undergone chemical modifications to enhance their effectiveness or other properties. Heroin, oxycodone, and hydromorphone all fall into the category of semisynthetic opioids. These substances are derived from morphine or codeine, which are natural opiates. Their chemical structure is altered to achieve specific pharmacological benefits, such as increased potency or improved pain relief profiles, distinguishing them clearly from synthetic opioids like meperidine. Understanding this classification is important in both pharmacology and the history of opioid usage, as it helps clarify the distinctions among different types of opioid medications.

8. What services are covered under Medicare Part A for Americans aged 65 and over?

A. Ambulatory care solely

B. Hospital and nursing home coverage

C. Prescription drug coverage

D. Preventative services only

Medicare Part A primarily provides hospital insurance, which covers inpatient care in hospitals, skilled nursing facility care, hospice care, and some home health care services. This makes it essential for Americans aged 65 and over, as it addresses the needs for more intensive medical care that this population may require, such as hospital stays and rehabilitation therapies. The inclusion of nursing home coverage is also significant, as it ensures that beneficiaries have access to long-term care when necessary. The other options focus on different aspects of healthcare services. Ambulatory care alone does not encompass the full range of services provided by Part A, as it involves outpatient care rather than inpatient or long-term care services. Prescription drug coverage falls under Medicare Part D, which is separate from Part A and often requires different enrollment criteria. Preventative services are generally covered under Medicare Part B, which focuses on outpatient care, diagnostic services, and preventative measures, rather than the core services included in Part A. Thus, the breadth of hospital and nursing home coverage aligns directly with what Medicare Part A aims to provide for eligible seniors.

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9. What was the foundation year of the Johns Hopkins School of Hygiene and Public Health?

A. 1890

B. 1900

C. 1916

D. 1919

The Johns Hopkins School of Hygiene and Public Health, now known as the Johns Hopkins Bloomberg School of Public Health, was established in 1916. This institution played a pioneering role in public health education and research, emphasizing the importance of integrating scientific research with practical public health initiatives. The establishment of the school marked a significant advancement in the field, setting standards for public health education that influenced institutions worldwide. This year is notable not only for the founding of this particular school but also for the broader context of public health in the early 20th century, when there was a growing recognition of the need for systematic efforts to address health issues, reduce disease transmission, and improve the overall health of populations. The school's legacy continues to shape public health policies and practices globally.

10. What significant legislation was enacted in 1946 to subsidize the construction of hospitals?

A. The Social Security Act

B. The Hospital Survey and Construction Act

C. The Medicare Modernization Act

D. The Affordable Care Act

The Hospital Survey and Construction Act, enacted in 1946, was pivotal in shaping the American healthcare landscape by providing federal funding to assist with the construction and modernization of hospitals throughout the United States. This legislation emerged in response to a recognized need for improved healthcare infrastructure following World War II, particularly in rural and underserved areas where access to medical facilities was limited. The act aimed to facilitate better healthcare access by offering financial assistance and promoting the establishment of hospitals that could meet the growing healthcare demands of the population. This was particularly important during a time when the U.S. was experiencing significant demographic changes and an increase in the demand for medical services. Through the federal subsidy, numerous hospitals were built or expanded, which helped to enhance the capacity of the healthcare system. This act laid the foundation for subsequent healthcare policies and programs that would continue to evolve in the following decades, underscoring the importance of federal involvement in addressing healthcare infrastructure needs.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://wgu-hlth2160-d393.examzify.com

We wish you the very best on your exam journey. You've got this!

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