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Salesforce

Salesforce-Health-Cloud-Accredited-Professional

Salesforce Health Cloud Accredited Professional

Question: 1503

You are configuring the "Assessment" framework for a standardized nursing assessment. The assessment has 50 questions, and the total score must categorize the patient into a "Risk Category." Some questions have skip-logic (i.e., if answer to Q5 is "No," skip to Q10). How do you implement this complex assessment within Health Cloud?

A. Use OmniStudio to create a flexible, dynamic assessment with skip logic and embedded scoring.
B. Use a Survey (built with Surveys) and connect the response data back to the patient's record.
C. Create multiple, smaller Assessment Definitions for each section and link them together via a parent custom object.
D. Create a single Assessment Definition with 50 questions and use a Flow after submission to calculate the score and category.

Answer: A
Explanation: For complex, dynamic assessments with skip logic and integrated scoring, OmniStudio (formerly Vlocity) is the premier tool within the Health Cloud ecosystem. It allows the creation of dynamic, scripted data capture interfaces with complex rules (like skip logic), real-time calculations, and seamless integration back to Health Cloud data models. While Surveys or multiple definitions could be hacked together, OmniStudio provides an enterprise-grade, configurable framework specifically designed for this type of interactive, guided data collection.

Question: 1504

A provider calculates risk scores from labs (e.g., CHA2DS2-VASc >5 from INR trends 1.8-3.2). Design access for patient portal and providers. (Select three)

A. Implement Sharing Sets for authenticated Community users to view own risk calculations
B. Configure criteria-based sharing on Risk object where Score > threshold and user in Care Team
C. Apply FLS to deny edit on calculated fields for non-admin roles
D. Encrypt custom Risk Score fields using Shield Platform Encryption

Answer: B,D
Explanation: Platform Encryption safeguards computed PHI like risk scores. Sharing Sets enable secure

patient self-view. Criteria-based sharing grants providers access based on thresholds and team membership.

Question: 1505

A scenario involves configuring Health Cloud for transplant center with UNOS integration requiring waitlist priority scoring across ABO/Rh compatibility matrices. Scoring fails for multi-organ scenarios. What configuration handles matrix complexity?

A. Use Screen Flows with dynamic choice matrices
B. Implement Apex Matrix Calculator with custom metadata
C. Configure Einstein Prediction Builder for compatibility
D. Create custom objects for ABO/Rh junction records

Answer: B
Explanation: Apex Matrix Calculator using custom metadata supports complex multi-dimensional compatibility scoring for UNOS waitlists. This configuration manages transplant-specific matching algorithms.

Question: 1506

For Health Cloud at a specialty pharmacy, outcomes target adherence for rare disease therapies via smart packaging integration. Gather requirements via?

A. Email nurture campaigns review
B. Call center script analysis
C. Standard refill request portals only
D. End-to-end journey mapping from dispense to adherence confirmation

Answer: B
Explanation: Journey mapping details smart package triggers, real-time adherence telemetry ingestion, automated refill escalations, and outcome reporting for payer contracts.

Question: 1507

Customize medication adherence calculation using PDC = (days covered / days in period) * 100, alert <80%. (Select two)

A. FlexCard shows adherence gauge with threshold coloring
B. OmniScript reminds refill if low PDC

C. Integration Procedure computes PDC from MedicationDispense dates
D. DataRaptor Transform applies coverage logic with date diffs

Answer: A,C
Explanation: Integration Procedures compute PDC from dispense data. FlexCards gauge adherence visually.

Question: 1508

A global healthcare company is implementing Health Cloud across multiple countries with different regulatory requirements. During discovery, which stakeholders are responsible for defining the localization and data residency requirements? (Select Three)

A. Legal Counsel
B. Global Data Protection Officer (GDPO)
C. Local IT Manager
D. Office Manager

Answer: A,B,C
Explanation: The Global Data Protection Officer ensures compliance with overarching regulations like GDPR; Legal Counsel provides guidance on country-specific healthcare laws; and Local IT Managers define the specific technical constraints and data residency needs for their respective regions.

Question: 1509

A cross-continuum senior care network needs Health Cloud configuration tracking care transition success rates, fall risk reductions, and avoidable hospitalization metrics across ILTCF, home health, and outpatient settings. The solution must support INTERACT protocols and predictive readmission risk modeling. Which Salesforce setup optimally enables these success metrics?

A. Custom SeniorCare objects with rollups, Workflow Rules for protocols, and standard reports
B. Care Coordination with INTERACT workflows, Einstein Prediction Builder for readmission risk, and Executive transition dashboards
C. Health Cloud Mobile for transitions, Platform Events for risk alerts, and List Views for facilities
D. Provider Network integration, Flow Builder for risk assessment, and Data exports for analysis

Answer: B
Explanation: Care Coordination standardizes INTERACT protocols across continuum settings while Einstein Prediction Builder identifies readmission risks using multi-source data. Executive transition dashboards quantify care transition success rates and avoidable hospitalization reductions.

Question: 1510

To meet internal audit requirements, a Health Cloud customer must ensure that all administrative changes (such as changes to Profiles or Permission Sets) are logged and stored for 7 years. Which Salesforce Shield feature and configuration are required? (Select two)

A. Enable Field Audit Trail for the User object
B. Use Shield Platform Encryption on the Setup Audit Trail object
C. Use Event Monitoring to track the 'SetupAuditTrail' event type
D. Enable Audit Trail and export the data periodically to an external data lake

Answer: C,D
Explanation: While the standard Setup Audit Trail tracks changes, it only stores them for a limited time in the UI. To meet a 7-year requirement, the data must be captured via Event Monitoring (SetupAuditTrail event) or exported via the API to a secondary storage solution.

Question: 1511

Pre-deployment at NeuroCare Institute, legacy data includes siloed facility schedules not modeled for multi-site practitioner coverage. Payer contracts demand NPI validation. Essential step?

A. Custom reports
B. Activate Healthcare Facility and Location objects, implement NPI validation via External Services to NPPES API, and create PractitionerFacility junction records with capacity scheduling fields
C. Ignore NPIs
D. Basic import

Answer: B
Explanation: Activating Healthcare Facility and Location objects, implementing NPI validation via External Services to NPPES API, and creating PractitionerFacility junction records with capacity scheduling fields standardizes multi-site data for payer compliance pre-deployment.

Question: 1512

A large payer organization requires a guided prior authorization intake flow for oncology treatments that pulls member eligibility via FHIR, applies clinical decision support rules based on lab values (e.g., hemoglobin < 10 g/dL triggers alert), validates ICD-10 codes, and routes for concurrent review. The flow must handle conditional branching and update EHR Payer objects. (Select three)

A. Configure an OmniScript with DataRaptor Extract to query CoverageBenefit and Member objects, then

use Integration Procedure to call external FHIR endpoint for eligibility
B. Use FlexCard with Integration Procedure data source to display real-time prior auth status on provider portal, caching results with session parameters
C. Create DataRaptor Transform to map incoming FHIR JSON bundle fields (e.g., Observation.valueQuantity.value) to Health Cloud Condition object custom fields
D. Embed conditional Merge Fields in OmniScript steps using formulas like IF(%LabValue_Hemoglobin% < 10, "Alert: Anemia Detected", "Proceed")

Answer: A,C,D
Explanation: An OmniScript supports guided flows with conditional branching via formulas on Merge Fields for dynamic alerts based on lab parameters like hemoglobin values. DataRaptor Extract and Integration Procedures handle pulling eligibility from Salesforce objects and external FHIR calls. DataRaptor Transform maps structured FHIR data (e.g., valueQuantity.value from Observation resources) to Health Cloud clinical objects for accurate condition recording.

Question: 1513

A hospital network wants to use Health Cloud for post-discharge follow-up. They need the solution to automatically create a 7-day check-in plan after discharge, but only if the patient is flagged as "high-risk for readmission." This flag is calculated by an external predictive analytics engine. What is the MOST complex aspect to gather requirements for?

A. Designing the 7-day check-in plan template in Health Cloud
B. Defining the fields on the Contact layout to display the risk flag
C. The integration interface and trigger for initiating the plan creation
D. Training clinical staff on how to manually create care plans

Answer: C
Explanation: The complexity lies in the event-driven, cross-system automation. The requirement involves an external system determining a "high-risk" status, which must then trigger an action within Health Cloud. Gathering requirements for this involves defining the integration pattern (real-time API call, platform event, scheduled batch), the authentication mechanism, the payload structure, the exact trigger condition, and error handling. This integration point is the lynchpin for the entire automated workflow and is inherently more complex than configuring internal templates or layouts.

Question: 1514

A pharmaceutical company is implementing Health Cloud for its "Provider Engagement" platform. During discovery, they must define stakeholders who manage "Speaker Bureaus" and "Medical Inquiries." Which personas are essential? (Select Three)

A. Training Specialist
B. Medical Science Liaison (MSL)
C. Regulatory Affairs Manager
D. Professional Relations Manager

Answer: B,C,D
Explanation: Medical Science Liaisons (MSLs) handle complex medical inquiries and scientific exchange; Professional Relations Managers oversee the recruitment and management of HCP speakers; and Regulatory Affairs Managers ensure that all interactions and content comply with industry regulations like the Sunshine Act.

Question: 1515

During configuration for a telehealth provider network, the design requires custom Patient Cards displaying real-time FHIR-integrated vitals alongside insurance eligibility checks. Coordinators note that updates to FHIR resources do not reflect instantly on cards. What configuration optimizes this to meet real-time needs?

A. Enable Transaction Security Policies on Patient records
B. Use Lightning Web Components for embedded FHIR queries
C. Set record page assignments via Dynamic Forms
D. Implement Platform Events for FHIR resource change notifications

Answer: D
Explanation: Implementing Platform Events publishes FHIR resource changes for immediate Patient Card updates via subscriptions in Lightning components. This configuration supports real-time vitals display while maintaining FHIR integration compliance.

Question: 1516

In a hospital network, care coordinators need a dynamic patient summary dashboard showing recent lab trends (e.g., creatinine clearance calculated as ((140-age)*weight)/(72*serum_creatinine)*0.85 for females), medication adherence scores, and SDOH barriers. The dashboard refreshes on patient record open. (Select three)

A. Set FlexCard data source to Integration Procedure that invokes Apex for complex calculations if DataRaptor formula limits are exceeded for weight-based dosing adjustments
B. Use OmniScript embedded in Lightning page to trigger on-record load, passing patient ID parameter to fetch and display calculated fields
C. Build a parent FlexCard with child FlexCards for labs, using DataRaptor Extract with formula functions to compute Cockcroft-Gault creatinine clearance

D. Configure Integration Procedure Action in FlexCard to aggregate MedicationRequest and Observation records, applying min() and avg() functions on lab values

Answer: A,C,D
Explanation: FlexCards support child components for modular display of labs and trends. DataRaptor Extract formulas compute Cockcroft-Gault (e.g., using parameters like age, weight, serum creatinine). Integration Procedures aggregate records with functions like avg() on numeric lab observations and handle complex logic via Apex when needed for precise adherence scoring.

Question: 1517

A health plan needs to configure visibility for sensitive "Behavioral Health" Cases. Only members of the Behavioral Health team should see these Cases, regardless of who owns the record or the member's account. The Case has a picklist for Department containing 'Behavioral Health'. How is this implemented?

A. Keep OWD as Private and create a criteria-based sharing rule that shares Cases where Department = 'Behavioral Health' with the specific public group.
B. Set OWD for Case to Public Read/Write and use a validation rule to prevent non-authorized users from saving.
C. Use Apex to transfer ownership of all Behavioral Health Cases to a queue, and share the queue with the team.
D. Create a separate record type and profile for Behavioral Health Cases and restrict access via OWD.

Answer: A
Explanation: The requirement is to share specific records based on a field value (Department) with a specific set of users. OWD set to Private ensures the baseline is no access. A criteria-based sharing rule is the declarative tool to grant access to records that meet specified criteria (the field value) to a specified public group or role. This isolates visibility to only the Behavioral Health team for those specific records, without changing ownership or requiring complex profile/record type splits which would affect other Case functionality.

Question: 1518

In a multi-site ACO, design must support cross-facility care plans with shared lab results (e.g., creatinine clearance <30 mL/min contraindicating certain NSAIDs) and conflict detection. (Select three)

A. Use Clinical Data Model with Observation sharing via Connected Patients for cross-facility visibility
B. Configure Sharing Rules on CarePlan for secure cross-site access by authorized teams
C. Implement Medication Review component to flag contraindications based on creatinine clearance values
D. Duplicate lab data in custom objects for each site to avoid sharing complexity

Answer: B,C
Explanation: Clinical Data Model Observations enable sharing via Connected Patients for unified lab visibility (e.g., creatinine clearance). Medication Review flags contraindications automatically. Sharing Rules provide secure cross-site CarePlan access per best-practice data unity.

Question: 1519

A federal health agency designs Health Cloud processes for pandemic response, requiring scalable contact tracing workflows that dynamically scale care teams and integrate with public health surveillance systems. Legacy is manual call centers. Which future state design excels?

A. Omni-Channel with Skills-Based Routing for tracing, integrated with Platform Events to surveillance systems and dynamic care team expansion.
B. Case Management with custom flows for tracing paths, Einstein Classification for prioritization, and Experience Cloud for public reporting.
C. Health Cloud Console apps with LWC tracing maps, auto-provisioning permission sets, and Streaming API integrations.
D. Care Programs with enrollment surges, Flow Builder for team scaling, and MuleSoft for surveillance APIs.

Answer: A
Explanation: Omni-Channel's Skills-Based Routing dynamically assigns tracing tasks to scaling care teams, Platform Events enable real-time bi-directional sync with surveillance systems, supporting massive pandemic response scalability.

Question: 1520

An organization is migrating "Provider" data including their specialties, NPI numbers, and hospital affiliations. The requirement is to support "Provider Search" for patients. Which data model components must be correctly populated during migration to support this? (Select Three)

A. Ensure that each provider's specialty is mapped to the CareProviderSpecialty object and linked to the HealthcareProvider record.
B. Populate the HealthcareProvider object with the NPI and ensure the IsActive flag is set to true.
C. Use the Lead object to store providers who are not yet credentialed and then convert them to Contact records once the NPI is verified.
D. Map the hospital affiliations to the HealthcarePractionerFacility object to link the individual providers to specific locations.

Answer: A,B,D

Explanation: The HealthcareProvider object is the core record for providers, containing essential identification like the NP**I.** The HealthcarePractionerFacility object is required to define the relationship between a provider and the specific locations where they practice. The CareProviderSpecialty object is necessary for the Provider Search feature to filter providers based on their clinical expertise.

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