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# Primary Care Workforce Facts And Stats No 1

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**RODRIGO BROOKLYN**

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**Essential Primary Care**

National Academies Press  
Enormous changes are  
occurring in the

organization and financing of the U.S. health care system--rapid changes that are being driven by market forces rather than by government initiatives. Although it is difficult to predict what they system will look like once it begins to stabilize, the changes will affect all components of the health care workforce, and the numbers and types of health care professionals that will be needed in the future--as well as the roles they will fill--will surely be much different than they were in the

past. Despite numerous studies in the past 15 years showing that we might have more doctors than we need, the number of physicians in residency training continues to grow. At the same time, there is evidence that the demand for physician services will decrease as a result of growth of managed care. All of this is evidence that the demand for physician services will decrease as a result of growth of managed care. All of this is taking place at a time when, coincident with the

result of failure of comprehensive health care reform, there is no coordinated and widely accepted physician workforce policy in the United States. The present study examines the following three questions: (1) Is there a physician policy in the United States? (2) If there a surplus, what is its likely impact on the cost, quality, and access to health care and on the efficient use of human resources? (3) What realistic steps can be taken to deal with a

physician surplus?

December

**Primary Care and**

**Public Health** Univ of

California Press

Because of changes in the health care system, the hospital has become less suitable as the primary focus of graduate medical education for primary care physicians. However, the current system of financing health care education and services makes it difficult to accomplish the needed shift to training in primary care ambulatory settings. This book suggests ways

of lowering financial barriers to primary care training in ambulatory settings.

Assessing Progress on the Institute of Medicine Report The Future of Nursing Oxford University Press

Ensuring that members of society are healthy and reaching their full potential requires the prevention of disease and injury; the promotion of health and well-being; the assurance of conditions in which people can be healthy; and the provision of timely, effective, and

coordinated health care.

Achieving substantial and lasting improvements in population health will require a concerted effort from all these entities, aligned with a common goal. The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) requested that the Institute of Medicine (IOM) examine the integration of primary care and public health. Primary Care and Public Health identifies the best examples of

effective public health and primary care integration and the factors that promote and sustain these efforts, examines ways by which HRSA and CDC can use provisions of the Patient Protection and Affordable Care Act to promote the integration of primary care and public health, and discusses how HRSA-supported primary care systems and state and local public health departments can effectively integrate and coordinate to improve efforts directed at disease prevention. This report is

essential for all health care centers and providers, state and local policy makers, educators, government agencies, and the public for learning how to integrate and improve population health.

*The Impacts of the Affordable Care Act on Preparedness Resources and Programs* World Health Organization America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that

inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness.

According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a

systemwide transformation. About 30 percent of health spending in 2009-roughly \$750 billion-was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice,

and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data

is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients

should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions. [Connecting Healthcare Worker Well-Being, Patient Safety and Organisational Change](#)

Oxford University Press Health Care USA, Ninth Edition offers students of health administration, public health, medicine, and related fields a wide-ranging overview of America's health care system. Combining historical perspective with analysis of current trends, this expanded edition charts the evolution of modern American health care, providing a complete examination of its organization and delivery while offering critical insight into the issues that the U.S. health

system faces today. *Evaluation of PEPFAR's Contribution (2012-2017) to Rwanda's Human Resources for Health Program* National Academies Press  
The second edition Handbook of Psychological Assessment in Primary Care Settings offers an overview of the application of psychological screening and assessment instruments in primary care settings. This indispensable reference addresses current psychological assessment

needs and practices in primary care settings to inform psychologists, behavioral health clinicians, and primary care providers the clinical benefits that can result from utilizing psychological assessment and other behavioral health care services in primary care settings.

**Primary Care** National Academies Press Medicare, the world's single largest health insurance program, covers more than 47 million Americans. Although it is a national

program, it adjusts payments to hospitals and health care practitioners according to the geographic location in which they provide service, acknowledging that the cost of doing business varies around the country. Under the adjustment systems, payments in high-cost areas are increased relative to the national average, and payments in low-cost areas are reduced. In July 2010, the Department of Health and Human Services, which oversees Medicare,

commissioned the IOM to conduct a two-part study to recommend corrections of inaccuracies and inequities in geographic adjustments to Medicare payments. The first report examined the data sources and methods used to adjust payments, and recommended a number of changes. Geographic Adjustment in Medicare Payment - Phase II: Implications for Access, Quality, and Efficiency applies the first report's recommendations in order to determine their potential effect on

Medicare payments to hospitals and clinical practitioners. This report also offers recommendations to improve access to efficient and appropriate levels of care. Geographic Adjustment in Medicare Payment - Phase II: Implications for Access, Quality, and Efficiency expresses the importance of ensuring the availability of a sufficient health care workforce to serve all beneficiaries, regardless of where they live.

**Defining Primary Care**  
John Wiley & Sons

Containing papers carefully compiled for both their historical importance and contemporary relevance, *Family Medicine: The Classic Papers* brings together a team of experts, led by global family medicine leaders Michael Kidd, Iona Heath and Amanda Howe, who explain the importance of each selected paper and how it contributes to international health care, current practice and research. The papers demonstrate the broad scope of primary health

care delivered by family doctors around the world, showcasing some of the most important research ever carried out in family medicine and primary care. This unique volume will serve as an inspiration to current family doctors and family medicine researchers and educators, as well as to doctors in training, medical students and emerging researchers in family medicine.

**The Future of the Public's Health in the 21st Century** National Academies



Since 2004, the U.S. government has supported the global response to HIV/AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR). The Republic of Rwanda, a PEPFAR partner country since the initiative began, has made gains in its HIV response, including increased access to and coverage of antiretroviral therapy and decreased HIV prevalence. However, a persistent shortage in human resources for health (HRH) affects the health of people living

with HIV and the entire Rwandan population. Recognizing HRH capabilities as a foundational challenge for the health system and the response to HIV, the Government of Rwanda worked with PEPFAR and other partners to develop a program to strengthen institutional capacity in health professional education and thereby increase the production of high-quality health workers. The Program was fully managed by the Government of Rwanda and was designed to run

from 2011 through 2019. PEPFAR initiated funding in 2012. In 2015, PEPFAR adopted a new strategy focused on high-burden geographic areas and key populations, resulting in a reconfiguration of its HIV portfolio in Rwanda and a decision to cease funding the Program, which was determined no longer core to its programming strategy. The last disbursement for the Program from PEPFAR was in 2017. Evaluation of PEPFAR's Contribution (2012-2017) to Rwanda's Human Resources for

Health Program describes PEPFAR-supported HRH activities in Rwanda in relation to programmatic priorities, outputs, and outcomes and examines, to the extent feasible, the impact on HRH and HIV-related outcomes. The HRH Program more than tripled the country's physician specialist workforce and produced major increases in the numbers and qualifications of nurses and midwives. Partnerships between U.S. institutions and the University of Rwanda

introduced new programs, upgraded curricula, and improved the quality of teaching and training for health professionals. Growing the number, skills, and competencies of health workers contributed to direct and indirect improvements in the quality of HIV care. Based on the successes and challenges of the HRH program, the report recommends that future investments in health professional education be designed within a more comprehensive approach to human resources for

health and institutional capacity building, which would strengthen the health system to meet both HIV-specific and more general health needs. The recommendations offer an aspirational framework to reimagine how partnerships are formed, how investments are made, and how the effects of those investments are documented. [Preparing a Health Care Workforce for the 21st Century](#) National Academies Press

Features the full text of "Primary Care: America's Health in a New Era," edited by Molla S. Donaldson, Karl D. Yordy, Kathleen N. Lohr, and Neal A. Vanselow of the Committee on the Future of Primary Care within the Division of Health Care Services of the Institute of Medicine and originally published in 1996 in Washington, D.C. by National Academy Press. The information is presented by the National Academy of Sciences. [Medical Education in the United States and Canada](#)

Createspace Independent Publishing Platform  
The United States is rapidly transforming into one of the most racially and ethnically diverse nations in the world. Groups commonly referred to as minorities-including Asian Americans, Pacific Islanders, African Americans, Hispanics, American Indians, and Alaska Natives-are the fastest growing segments of the population and emerging as the nation's majority. Despite the rapid growth of racial and

ethnic minority groups, their representation among the nation's health professionals has grown only modestly in the past 25 years. This alarming disparity has prompted the recent creation of initiatives to increase diversity in health professions. In the Nation's Compelling Interest considers the benefits of greater racial and ethnic diversity, and identifies institutional and policy-level mechanisms to garner broad support among health professions leaders, community

members, and other key stakeholders to implement these strategies. Assessing the potential benefits of greater racial and ethnic diversity among health professionals will improve the access to and quality of healthcare for all Americans.

*The Health Care Handbook* Taylor & Francis

Nurses make up the largest segment of the health care profession, with 3 million registered nurses in the United States. Nurses work in a

wide variety of settings, including hospitals, public health centers, schools, and homes, and provide a continuum of services, including direct patient care, health promotion, patient education, and coordination of care. They serve in leadership roles, are researchers, and work to improve health care policy. As the health care system undergoes transformation due in part to the Affordable Care Act (ACA), the nursing profession is making a wide-reaching impact by providing and affecting

quality, patient-centered, accessible, and affordable care. In 2010, the Institute of Medicine (IOM) released the report *The Future of Nursing: Leading Change, Advancing Health*, which made a series of recommendations pertaining to roles for nurses in the new health care landscape. This current report assesses progress made by the Robert Wood Johnson Foundation/AARP Future of Nursing: Campaign for Action and others in implementing the

recommendations from the 2010 report and identifies areas that should be emphasized over the next 5 years to make further progress toward these goals.

*The Future of the Nursing Workforce in the United States* National Academies Press

In the United States, the soaring cost of health care has become an economic drag and a political flashpoint. Moreover, although the country's medical spending is higher than that of any other nation,

health outcomes are no better than elsewhere, and in some cases are even worse. In *The Quality Cure*, renowned health care economist and former Obama advisor David Cutler offers an accessible and incisive account of the issues and their causes, as well as a road map for the future of health care reform—one that shows how information technology, realigned payment systems, and value-focused organizations together have the power to resolve

this seemingly intractable problem and transform the US health care system into one that is affordable, efficient, and effective. *The Quality Cure* National Academies Press  
Advanced Practice Palliative Nursing is the first text devoted to advanced practice nursing care of the seriously ill and dying. This comprehensive work addresses all aspects of palliative care including physical, psychological, social, and spiritual needs. Chapters include: symptoms common in

serious illness, pediatric palliative care, spiritual and existential issues, issues around the role and function of the advanced practice nurse (APN), reimbursement, and nursing leadership on palliative care teams. Each chapter contains case examples and a strong evidence base to support the highest quality of care. The text is written by leaders in the field and includes authors who have pioneered the role of the advanced practice nurse in palliative care. This volume offers

advanced practice content and practical resources for clinical practice across all settings of care and encompassing all ages, from pediatrics to geriatrics. [Retooling for an Aging America](#) Elsevier Health Sciences  
 "Many of the elements of the Affordable Care Act (ACA) went into effect in 2014, and with the establishment of many new rules and regulations, there will continue to be significant changes to the United States health care

system. It is not clear what impact these changes will have on medical and public health preparedness programs around the country. Although there has been tremendous progress since 2005 and Hurricane Katrina, there is still a long way to go to ensure the health security of the Country. There is a commonly held notion that preparedness is separate and distinct from everyday operations, and that it only affects emergency departments. But time and time again,

catastrophic events challenge the entire health care system, from acute care and emergency medical services down to the public health and community clinic level, and the lack of preparedness of one part of the system places preventable stress on other components. The implementation of the ACA provides the opportunity to consider how to incorporate preparedness into all aspects of the health care system. The Impacts of

the Affordable Care Act on Preparedness Resources and Programs is the summary of a workshop convened by the Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events in November 2013 to discuss how changes to the health system as a result of the ACA might impact medical and public health preparedness programs across the nation. This report discusses challenges and benefits of the Affordable Care Act to disaster preparedness and

response efforts around the country and considers how changes to payment and reimbursement models will present opportunities and challenges to strengthen disaster preparedness and response capacities."-- Publisher's description. *Occupational Outlook Handbook* Jones & Bartlett Learning  
A shortage of primary care physicians (PCP) is present nationally and within Kentucky. The shortage is expected to worsen, unless a dramatic increase occurs in the

generation of additional primary care clinicians. Geographical maldistributions of PCP also exist. Whereas 20% of the US population resides in rural areas, only 10% of physicians practice in these areas. This study explores factors that influence medical students' decisions to select primary care residency training programs, and to practice in rural areas. Specifically, the levels of debt among 1391 graduates from University of Louisville School of

Medicine (ULSOM) during 2001-2010 were examined in association with their selection of categories of residency training programs. Similarly, levels of debt among 1180 ULSOM graduates during 2001-2008 were examined in association with rural practice locations. Statistical methods included evaluations of receiver-operating curves (ROC) and multiple logistic regression analyses. The ROC analyses showed no association was present

for any level of debt with either selection of primary care residency programs or rural practice sites. Multiple logistic regression analyses showed a statistically significant, positive association was present between the two extreme quintiles of medical students' debt, whereby medical students in the lower quintile of debt were more likely select a primary care residency, compared to those students within the highest quintile. No statistically significant



association was found for students' debt with rural practice location. Multiple policy options to increase the primary care workforce were examined, including raising physicians' reimbursements, shortening time for medical training, and altering how medical schools finance medical education. Policy makers may also consider the affinity model, whereby increasing medical school admissions among applicants from rural areas may result in

greater numbers of PCP that are more likely to return to practice in rural areas. Similarly, programs to better support rural pipeline programs may be considered. Other policy solutions may include allowing nurse practitioners and other clinical personnel to work at the full scope of their training as well as a fuller utilization of health information technology. Addressing population health through the Triple Aim may provide novel solutions.

### **Nurse-Led Health**

**Clinics** National Academies Press Essential Primary Care aims to provide undergraduate students with a comprehensive overview of the clinical problems encountered in primary care. It covers the structure of primary care in the UK, disease prevention and the management of common and important clinical presentations from infancy to old age. Case studies are used in every chapter to illustrate key learning points. The book provides practical advice

on how to consult with patients, make sense of their symptoms, explain things to them, and manage their problems. Essential Primary Care: • Is structured in five sections: - The building blocks of primary care: its structure and connection with secondary care, the consultation, the process of making a diagnosis, prescribing, and ethical issues - Health promotion - Common and important presenting problems in roughly chronological order - Cancer - Death and palliative care • Gives

advice on how to phrase questions when consulting with patients and how to present information to patients • Provides advice on how management extends to prescribing - often missing from current textbooks • Contains case studies within each chapter which reflect the variety of primary care and provide top tips and advice for consulting with patients • Supported by a companion website at [www.wileyessential.com/primarycare](http://www.wileyessential.com/primarycare) featuring MCQs, EMQs, cases and

OSCE checklists  
Advanced Practice Palliative Nursing National Academies Press  
 The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also

spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure

its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice - - should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the

Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

**Strengthening the collection, analysis and use of health**

**workforce data and information**

National Academies Press Updated annually, the AAMC Data Book serves as a valuable resource of data and trends on U.S. medical schools and teaching hospitals. The 2016 edition is packed with 75 tables that provide data on the

following 12 topics: accredited medical schools; applicants, students, and graduates; medical school faculty; medical school revenue; tuition, financial aid, and student debt; graduate medical education; teaching hospitals; health care financing; research expenditures; physicians; medical school faculty compensation; and price indices, federal expenditures, and debt. The Executive Summary highlights selected data findings. The AAMC Data Book can help to: Provide

trend data that inform topics such as the attractiveness of medicine as a career and the diversity of applicants, matriculants, students, and graduates; Inform discussions about the potential impact of tuition, financial aid, and student debt on the recruitment of individuals into medicine and the career paths of these individuals after graduation; Describe the growth of U.S. medical schools; Gain perspective on changes in medical school revenues from various sources and

categories; And much more. The data in this publication are derived from existing AAMC reports and databases, as well as external sources such as the National Institutes of Health and the American Medical Association.

**AAMC Faculty Salary Report** World Health Organization

Ask for a definition of primary care, and you are likely to hear as many answers as there are health care professionals in your survey. Primary Care fills this gap with a

detailed definition already adopted by professional organizations and praised at recent conferences. This volume makes recommendations for improving primary care, building its organization, financing, infrastructure, and knowledge base--as well as developing a way of thinking and acting for primary care clinicians. Are there enough primary care doctors? Are they merely gatekeepers? Is the traditional relationship between patient and

doctor outmoded? The committee draws conclusions about these and other controversies in a comprehensive and up-to-date discussion that covers The scope of primary care. Its philosophical underpinnings. Its value to the patient and the community. Its impact on cost, access, and quality. This volume discusses the needs of special populations, the role of the capitation method of payment, and more. Recommendations are

offered for achieving a more multidisciplinary education for primary care clinicians. Research priorities are identified. Primary Care provides a forward-thinking view of primary care as it should be practiced in the new integrated health care delivery systems--important to health care clinicians and those who train and employ them, policymakers at all levels, health care managers, payers, and interested individuals.