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The Future of Health Care in the Kurdistan Region--Iraq

Health, United States, 2010

This volume provides a comprehensive review of China's healthcare system and policy reforms in the context of the global economy. Following a value-chain framework, the 16 chapters cover the payers, the providers, and the producers (manufacturers) in China's system. It also provides a detailed analysis of the historical development of China's healthcare system, the current state of its broad reforms, and the uneasy balance between China's market-driven approach and governmental regulation. Most importantly, it devotes considerable attention to the major problems confronting China, including chronic illness, public health, and long-term care and economic security for the elderly. Burns and Liu have assembled the latest research from leading health economists and political scientists, as well as senior public health officials and corporate executives, making this book an essential read for industry professionals, policymakers, researchers, and students studying comparative health systems across the world.

Retooling for an Aging America

Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? *Unequal Treatment* offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. *Unequal Treatment* will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Building Primary Care in a Changing Europe

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.

Graduate Medical Education That Meets the Nation's Health Needs

This comprehensive work provides a lucid examination of the difficult problems that arise with the implementation of

effective primary care. The book has four purposes: to help practitioners of primary care understand what they do and why; to provide a basis for the training of primary care practitioners; to stimulate research that will provide a more substantive basis for improvements in primary care; and to help policy makers understand the difficulties and challenges of primary care and its importance. In addition to discussing systems of primary care and alternative ways of evaluating them, the author addresses important issues such as practitioner-patient communication, information systems and medical records, referral processes, personnel, managed care, financing, quality assessment and community orientation. This unique volume provides a clear and valuable assessment of the basic concepts, issues and challenges in this increasingly important field.

Primary Care

Mistreated

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.

Closing the Gap in a Generation

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.

30 Million New Patients and 11 Months to Go

In the United States, approximately 14 million people have had cancer and more than 1.6 million new cases are diagnosed each year. However, more than a decade after the Institute of Medicine (IOM) first studied the quality of cancer care, the barriers to achieving excellent care for all cancer patients remain daunting. Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence. The cost of cancer care also is rising faster than many sectors of medicine--having increased to \$125 billion in 2010 from \$72 billion in 2004--and is projected to reach \$173 billion by 2020. Rising costs are making cancer care less affordable for patients and their families and are creating disparities in patients' access to high-quality cancer care. There also are growing shortages of health professionals skilled in providing cancer care, and the number of adults age 65 and older--the group most susceptible to cancer--is expected to double by 2030, contributing to a 45 percent increase in the number of people developing cancer. The current care delivery system is poorly prepared to address the care needs of this population, which are complex due to altered physiology, functional and cognitive impairment, multiple coexisting diseases, increased side effects from treatment, and greater need for social support. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* presents a conceptual framework for improving the quality of cancer care. This study proposes improvements to six interconnected components of care: (1) engaged patients; (2) an adequately staffed, trained, and coordinated workforce; (3) evidence-based care; (4) learning health care information technology (IT); (5) translation of evidence into clinical practice, quality measurement and performance improvement; and (6) accessible and affordable care. This report recommends changes across the board in these areas to improve the quality of care. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* provides information for cancer care teams, patients and their families, researchers, quality metrics developers, and payers, as well as HHS, other federal agencies, and industry to reevaluate their current roles and responsibilities in cancer care and work together to develop a higher quality care delivery system. By working toward this shared goal, the cancer care community can improve the quality of life and outcomes for people facing a cancer diagnosis.

Geographic Adjustment in Medicare Payment

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.

Improving Access to Health Care Through Physician Workforce Reform

In *Primary Care: Balancing Health Needs, Services, and Technology*, Barbara Starfield presents evidence of the positive impact of primary care on the health of populations and provides innovative methods to evaluate the attainment and contribution primary care systems and practitioners. This volume is a valuable extension of the author's 1992 book on primary care, underscoring two additional areas: the role of primary care in facilitating equity in health services, and the emerging overlap between clinical medicine and public health. As primary care increasingly informs health care decision-making throughout the world, this updated edition is critical for the future trajectory of health policy.

Geographic Adjustment in Medicare Payment

In the United States, health care devices, technologies, and practices are rapidly moving into the home. The factors driving this migration include the costs of health care, the growing numbers of older adults, the increasing prevalence of chronic conditions and diseases and improved survival rates for people with those conditions and diseases, and a wide range of technological innovations. The health care that results varies considerably in its safety, effectiveness, and efficiency, as well as in its quality and cost. *Health Care Comes Home* reviews the state of current knowledge and practice about many aspects of health care in residential settings and explores the short- and long-term effects of emerging trends and technologies. By evaluating existing systems, the book identifies design problems and imbalances between technological

system demands and the capabilities of users. Health Care Comes Home recommends critical steps to improve health care in the home. The book's recommendations cover the regulation of health care technologies, proper training and preparation for people who provide in-home care, and how existing housing can be modified and new accessible housing can be better designed for residential health care. The book also identifies knowledge gaps in the field and how these can be addressed through research and development initiatives. Health Care Comes Home lays the foundation for the integration of human health factors with the design and implementation of home health care devices, technologies, and practices. The book describes ways in which the Agency for Healthcare Research and Quality (AHRQ), the U.S. Food and Drug Administration (FDA), and federal housing agencies can collaborate to improve the quality of health care at home. It is also a valuable resource for residential health care providers and caregivers.

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

Outstanding Academic Title, Choice magazine The health care system in the United States has been called the best in the world. Yet wide health disparities persist between different social groups, and many Americans suffer from poorer health than people in other developed countries. Donald A. Barr's Health Disparities in the United States explores how socioeconomic status, race, and ethnicity interact with socioeconomic inequality to create and perpetuate these health disparities. Examining the significance of this gulf for the medical community, cultural subsets, and society at large, Barr offers potential policy- and physician-based solutions for reducing health inequity in the long term. This popular course book, which has been fully updated, now incorporates significant new material, including a chapter on the profound effects of inequality on child development, behavioral choices, and adult health status. An essential text for courses in public health, health policy, and sociology, the second edition analyzes the complex web of social forces that influence health outcomes in the United States. This book is a vital teaching tool and a comprehensive reference for social science and medical professionals.

Defining Primary Care

Access to oral health care is essential to promoting and maintaining overall health and well-being, yet only half of the population visits a dentist each year. Poor and minority children are less likely to have access to oral health care than are their nonpoor and nonminority peers. Older adults, people who live in rural areas, and disabled individuals, uniformly confront access barriers, regardless of their financial resources. The consequences of these disparities in access to oral health care can lead to a number of conditions including malnutrition, childhood speech problems, infections, diabetes, heart disease, and premature births. Improving Access to Oral Health Care for Vulnerable and Underserved Populations examines the scope and consequences of inadequate access to oral health services in the United States and recommends

ways to combat the economic, structural, geographic, and cultural factors that prevent access to regular, quality care. The report suggests changing funding and reimbursement for dental care; expanding the oral health work force by training doctors, nurses, and other nondental professionals to recognize risk for oral diseases; and revamping regulatory, educational, and administrative practices. It also recommends changes to incorporate oral health care into overall health care. These recommendations support the creation of a diverse workforce that is competent, compensated, and authorized to serve vulnerable and underserved populations across the life cycle. The recommendations provided in Improving Access to Oral Health Care for Vulnerable and Underserved Populations will help direct the efforts of federal, state, and local government agencies; policy makers; health professionals in all fields; private and public health organizations; licensing and accreditation bodies; educational institutions; health care researchers; and philanthropic and advocacy organizations.

Primary Care

A WASHINGTON POST BESTSELLER The biggest problem in American health care is us Do you know how to tell good health care from bad health care? Guess again. As patients, we wrongly assume the "best" care is dependent mainly on the newest medications, the most complex treatments, and the smartest doctors. But Americans look for health-care solutions in the wrong places. For example, hundreds of thousands of lives could be saved each year if doctors reduced common errors and maximized preventive medicine. For Dr. Robert Pearl, these kinds of mistakes are a matter of professional importance, but also personal significance: he lost his own father due in part to poor communication and treatment planning by doctors. And consumers make costly mistakes too: we demand modern information technology from our banks, airlines, and retailers, but we passively accept last century's technology in our health care. Solving the challenges of health care starts with understanding these problems. Mistreated explains why subconscious misperceptions are so common in medicine, and shows how modifying the structure, technology, financing, and leadership of American health care could radically improve quality outcomes. This important book proves we can overcome our fears and faulty assumptions, and provides a roadmap for a better, healthier future.

Issues and Opportunities in Primary Health Care for Children in Europe

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 Health Care Workforce in Europe

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.

In the Nation's Compelling Interest

The first medical specialty selection guide written by residents for students! Provides an inside look at the issues surrounding medical specialty selection, blending first-hand knowledge with useful facts and statistics, such as salary information, employment data, and match statistics. Focuses on all the major specialties and features firsthand portrayals of each by current residents. Also includes a guide to personality characteristics that are predominate with practitioners of each specialty. "A terrific mixture of objective information as well as factual data make this book an easy, informative, and interesting read." --Review from a 4th year Medical Student

Psychiatric Diagnosis and Management in Primary Care, An Issue of Medical Clinics, E-Book

Our market-based, profit-driven health care system in the United States has put necessary care increasingly beyond the reach of ordinary Americans. Primary health care, the fundamental foundation of all high-performing health care systems in the world, is a critical but ignored casualty of the current system. Unfortunately, primary care is often poorly understood, even within the health professions. This book describes what has become a crisis in primary care, defines its central role,

analyzes the reasons for its decline, and assesses its impacts on patients and families. A constructive approach is presented to rebuild and transform U.S. primary care with the urgent goal to address the nation's problems of access, cost, quality and equity of health care for all Americans.

Primary Care

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.

State Variability in Supply of Office-based Primary Care Providers, United States, 2012

Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others.

The Ultimate Guide To Choosing a Medical Specialty

Applying values and ethics to social work practice is taught widely across the qualifying degree programme, on both Masters and BA courses. This book is a clear introduction to this subject and will help students develop their understanding by showing social work students how ethics can have positive impacts on the lives of vulnerable people. There are chapters on how social workers can make good ethical and value-based decisions when working with risk, and how the role of the social worker as professional can impact on service users. Above all the book is a timely and clear introduction to the subject, with an emphasis on advocacy and empowerment and how the beginning social worker can start to apply these concepts.

Delivering High-Quality Cancer Care

Delivers a wealth of information for nurses who wish to open and manage their own health clinics Public health nursing—with its focus on compassionate, holistic care and services to the poor, the aged, those suffering from social injustice, and those without adequate health facilities—had its origins over a century ago with the founding of the Henry Street Settlement in New York City. Embracing the same foundational principles, Nurse-Led Health Clinics is the first book to describe innovative, nurse-managed solutions for improving health care today. It addresses the key business, policy, medical, financial, and operational considerations necessary for successfully opening and operating nurse-led health facilities. With the mission to dramatically expand access to primary and preventive health care, these clinics provide a full range of services—including primary care, health promotion, disease prevention, and behavioral health care—to residents of underserved communities throughout the United States. The book delivers a wealth of comprehensive information for nurses who are considering opening their own clinics. Reinforced with best-practice models and case studies, it discusses what it takes to successfully start and run a nurse-managed health center. The book addresses the history and growth of nurse-led clinics and describes the nurse-led paradigm of care. It identifies the different types of nurse-led clinics (primary care, school based, wellness, and more) and the clinical services offered within them. Also discussed are the requirements and mind-set of potential consumers and strategies for sustainability along with the role of the collaborative team. The pros and cons of a variety of business and operations models are examined along with quality metrics and initiatives. The book also covers various state and federal policy challenges and opportunities and explores the future of nurse-led care in view of ongoing health care reform. Helpful appendices include a start-up checklist, sample bylaws, and a managed-care contracting toolkit. KEY FEATURES: Describes key business, policy, medical, financial, and operational considerations for running a nurse-managed health center Addresses the pros and cons of a variety of business models for nurse-led care Identifies the most common clinical services offered Presents quality metrics, best-practice models, and case studies Includes state and federal policy and regulatory challenges and opportunities

Family Medicine

Medicare is the largest health insurer in the United States, providing coverage for 39 million people aged 65 and older and 8 million people with disabilities, and reaching more than an estimated \$500 billion in payments in 2010. Although Medicare is a national program, it adjusts fee-for-service payments according to the geographic location of a practice. While there is widespread agreement about the importance of providing accurate payments to providers, there is disagreement about how best to adjust payment based on geographic location. At the request of Congress and the Department of Health and Human Services (HHS), the Institute of Medicine (IOM) examined ways to improve the accuracy of data sources and methods used for making the geographic adjustments to payments. The IOM recommends an integrated approach that

includes moving to a single source of wage and benefits data; changing to one set of payment areas; and expanding the range of occupations included in the index calculations. The first of two reports, *Geographic Adjustment in Medicare Payment: Phase I: Improving Accuracy*, assesses existing practices in regards to accuracy, criteria consistency, evidence for adjustment, sound rationale, transparency, and separate policy adjustments to reform the current payment system. Adopting the recommendations outlined in this report will mean a change in the way that the indexes are calculated, and will require a combination of legislative, rule-making, and administrative actions, as well as a period of public comment. *Geographic Adjustment in Medicare Payment* will inform the work of government agencies such as HHS, the Centers for Medicare and Medicaid Services, congressional members and staff, the health care industry, national professional organizations and state medical and nursing societies, and Medicare advocacy groups.

Improving Access to Oral Health Care for Vulnerable and Underserved Populations

This manual provides concise and up-to-date knowledge on 15 infectious diseases that have the potential to become international threats and tips on how to respond to each of them. The 21st century has already been marked by major epidemics. Old diseases - cholera the plague and yellow fever - have returned and new ones have emerged - SARS pandemic influenza MERS Ebola and Zika. These epidemics and their impact on global public health have convinced the world's governments of the need for a collective and coordinated defense against emerging public health threats and accelerated the revision of the International Health Regulations (2005) entered into force in 2007. Another Ebola epidemic another plague epidemic or a new influenza pandemic are not mere probabilities the threat is real. Whether transmitted by mosquitoes other insects via contact with animals or person-to-person the only major uncertainty is when and where they or a new but equally lethal epidemic will emerge. These diseases all have the potential to spread internationally highlighting the importance of immediate and coordinated response. The diseases covered are: Ebola virus disease Lassa fever Crimean-Congo haemorrhagic fever yellow fever Zika Chikungunya avian and other zoonotic influenza seasonal influenza pandemic influenza Middle-East respiratory syndrome (MERS) cholera monkeypox the plague leptospirosis and meningococcal meningitis. Although originally developed as guidance for WHO officials this publication is available to a wide readership including all frontline responders - communities government officials non-State actors and public health professionals - who need to respond rapidly and effectively when an outbreak is detected.

Story-Based Inquiry: A Manual for Investigative Journalists

The ebook edition of this title is Open Access and is freely available to read online. This book presents the scientific findings of a three-year project across 30 EU and EEA countries assessing primary care for children throughout the life-course, drawing from 20 academic partners' analysis of evidence produced by agents in each of the countries.

Values and Ethics in Social Work Practice

Health Disparities in the United States

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

Assessing Progress on the Institute of Medicine Report The Future of Nursing

The Nation's Physician Workforce

Provides information on medical care and health care policy from around the world.

Primary Care and Public Health

Understand how the healthcare system works - and how you can succeed in it A Doody's Core Title for 2017! The Seventh Edition of Understanding Health Policy: A Clinical Approach remains the most trusted and comprehensive guide to healthcare available and provides everything you need to build a solid foundation on the field's most critical issues. This concise and engaging textbook clearly explains the all major aspects of healthcare, including finance, organization, and reimbursement. It will help you develop a clearer, more systematic way of thinking about health care in the United States, its problems, and the alternatives for managing and solving these problems. The book features a unique approach, using

clinical vignettes to highlight key policy issues, clarify difficult concepts, and demonstrate how they apply to real-world situations, affecting both patients and professionals alike. Expert practitioners in both the public and private healthcare sectors, the authors cover the entire scope of our healthcare system. They carefully weave key principles, descriptions, and concrete examples into chapters that make important health policy issues interesting and understandable. Understanding Health Policy makes otherwise difficult concepts easy to understand—so you can make better decisions, improve outcomes, and enact positive change on a daily basis. The Seventh Edition features: Updated throughout to reflect the latest changes and events, including additional content on value-based care, Choosing Wisely®, etc. Expanded coverage of the impact of the Affordable Care Act, including Accountable Care Organizations and their impact, and global issues in health policy End-of-chapter summaries and comprehensive lists of review questions to reinforce what you have learned Includes "Questions and Discussion Topics" for classroom or individual study

Unequal Treatment:

Today's physician education system produces trained doctors with strong scientific underpinnings in biological and physical sciences as well as supervised practical experience in delivering care. Significant financial public support underlies the graduate-level training of the nation's physicians. Two federal programs--Medicare and Medicaid--distribute billions each year to support teaching hospitals and other training sites that provide graduate medical education. Graduate Medical Education That Meets the Nation's Health Needs is an independent review of the goals, governance, and financing of the graduate medical education system. This report focuses on the extent to which the current system supports or creates barriers to producing a physician workforce ready to provide high-quality, patient-centered, and affordable health care and identifies opportunities to maximize the leverage of federal funding toward these goals. Graduate Medical Education examines the residency pipeline, geographic distribution of generalist and specialist clinicians, types of training sites, and roles of teaching and academic health centers. The recommendations of Graduate Medical Education will contribute to the production of a better prepared physician workforce, innovative graduate medical education programs, transparency and accountability in programs, and stronger planning and oversight of the use of public funds to support training. Teaching hospitals, funders, policy makers, institutions, and health care organizations will use this report as a resource to assess and improve the graduate medical education system in the United States.

Managing epidemics

Examines the health care system in the Kurdistan Region of Iraq, with an emphasis on primary care, and discusses what strategies can be pursued to move toward a more effective and higher-quality health care system.

Health Care Comes Home

Brings together a series of detailed case studies undertaken to assess the key issues affecting the health workforce in a range of European countries. Countries include: France, Germany, the United Kingdom, the Russian Federation, Spain, Poland, Norway, Lithuania and Malta.

China's Healthcare System and Reform

Nurse-Led Health Clinics

This issue of the Medical Clinics of North America is devoted to Psychiatric Diagnosis and Management in Primary Care and is edited by Dr. Genevieve Pagalilauan. Articles in this issue include: Psychopharmacology; Office-based Screening of Common Psychiatric Conditions; Depression; Anxiety Disorders; Bipolar Disorder; Borderline Personality Disorder; Grief Reaction, Adjustment Disorder, Seasonal Affective Disorder; Somatiform Disorders; Addiction Disorders; Sleep disorders; Geriatric Psychiatry; Autism Spectrum Disorders in Adults; and Medical Conditions with Neuropsychiatric Manifestations.

Breaking Point

The Future of Nursing

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

The World Health Report 2008

This new volume consists of structured case studies summarizing the state of primary care in 31 European countries. It complements the previous study, *Building primary care in a changing Europe*, in which we provided an overview of the state of primary care across the continent, including aspects of governance, financing, workforce and details of service profiles. These case studies establish the context of primary care in each country; the key governance and economic conditions; the development of the primary care workforce; how primary care services are delivered; and an assessment of the quality and efficiency of the primary-care system. The studies exemplify the broad national variations in accessibility, continuity and coordination of primary care in Europe today, something which complicates the assessment of primary care's role in contributing to the overall performance of the health system despite growing evidence of the added value of a strong primary care sector. This book builds on the EU-funded project 'Primary Health Care Activity Monitor for Europe' (PHAMEU) that was led by the Netherlands Institute for Health Services Research (NIVEL) and co-funded by the European Commission (Directorate General Health & Consumers).

Understanding Health Policy: A Clinical Approach, Seventh Edition

As the first of the nation's 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific health needs. *Retooling for an Aging America* calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aides. Educators and health professional groups can use *Retooling for an Aging America* to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

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