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How PAs and NPs contribute to chronic disease management in primary care

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The US health care system is facing complex challenges: an increasing and aging population, a paradigm shift from acute care to management of chronic disease, and impending shortages of physicians. Proposed solutions include greater reliance on team-based models of care delivery and creating environments in which health care professionals practice to the full extent of their education and training. Currently in the US, physician assistants (PAs) and nurse practitioners (NPs) contribute substantially to the provision of primary care services and chronic disease management, particularly in underserved communities where they often practice with little or no physician oversight. Nurse practitioners have full independent practice status in 21 states, and state laws that dictate PA practice generally allow for off-sight physician supervision. Research suggests that PAs and NPs can provide safe, high-quality care. In some settings, however, they may be underutilized. The main objectives of this presentation are to 1) review the recent literature on chronic disease management by PAs and NPs, 2) discuss the various roles NPs and PAs play in primary care, 3) examine barriers to PA and NP practice in primary care, and 4) discuss strategies for effective utilization of NPs and PAs going forward.

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Primary healthcare in USA

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2016 is an important transition year for the debate over health reform in America. By the time a new President takes office in January 2017, it will have been nearly seven years since the enactment of the Affordable Care Act (ACA). What comes next—whether we build on the law or dismantle it—will largely depend on the results of this November's elections? I will discuss what is at stake with this election, including what the leading candidates from the two parties say they will do if elected. I will address how these changes are likely to affect primary care providers. I will also present results from a study examining how state leaders have made decisions about whether or not to extend the ACA's temporary increase in Medicaid reimbursement levels for primary care providers.

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