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Females with Down syndrome: Lost opportunities in primary care

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Purpose: Nurse practitioners (NPs) need to be aware of the health disparities that exist between adult females with and without Down syndrome (DS). It is essential that necessary primary and preventive healthcare services are available to women with DS to maintain adequate health and quality of life, and reduce the occurrence of misdiagnosed or under-diagnosed treatable diseases.

Data sources: Review of published literature, DS society reports, and U.S. government reports.

Conclusions: A lack of agreed guidelines for the screening of adult females with DS contributes to unmet health needs in primary care for this population. Adequate promotion of health in all persons with disabilities, including the specific needs of women with DS, will help prevent the development of preventable secondary disabilities. Research shows that health promotion, screenings, and preventive care are overlooked or ignored in the female population with DS. Barriers to this care were consistent with misconceived attitudes and beliefs about adults with DS and a lack of training for primary care providers in caring for persons with disabilities.

Implications for practice: Although much research is needed, there are some resources for NPs who provide care for this vulnerable population. Screening for preventable conditions, such as obesity, sexually transmitted infections and sexual exploitation, can improve the quality of life for adult women with DS.

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Effectively benchmarking both financial and non-financial metrics for physician assistants and nurse practitioners practices

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The rise of value-based care has created a system of greater accountability from providers in regards to cost, quality, and effectiveness. While many different frameworks and benchmarking models for physician productivity exist, there are few models that can be correctly measured nurse practitioners (NP) or physician assistants (PAs) true value. As a result, many NPs and PAs are inadequately represented and often invisible in the reporting and finance system. This inability to accurately track NP and PR performance creates uncertainty and tension with budget development, as the NP or PAs true value may be undervalued or counted against physician performance. With the increase utilization of NPs and PAs several benchmarking tools have become available, but these tools suffer from poor sensitivity and specificity towards the NP or PAs actual work performed. This presentation will introduce a benchmarking tool aimed at accurately capturing data on the wRVU production of NPs and PAs. Focus will aim at introducing the challenges with the current benchmarking system and the description of a reproducible predictive modeling tool to determine the expected revenue generation of NPs and PAs. The presentation will highlight the challenges in utilizing and developing financial benchmarking tools for NPs and PAs with a focus on understanding local/specialty practice patterns. The presentation will also introduce a nonfinancial incentive model focused on quality and patient satisfaction developed specifically for PAs. Finally, a review of the proper and improper application of shared visits will be discussed.

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