NPWN Nurse Practitioner World News™

ENDORSED BY NPWH

Vol. 17, No. 1/2 THE OFFICIAL NEWS PUBLICATION OF NURSE PRACTITIONERS January/February 2012

One Nurse Can Make a Difference

By Carolyn Zook, *RN, MSN, CPNP PC/AC, PMHS, and* ***Nancy Leigh Harless,*** *BSN, WHCNP*

Heilin arriving in Dallas from Belize

Carolyn Zook had wanted to serve on a medical mission since she was in nursing school, but she never had the time or the resources to do so. Several years ago she traveled to Belize and Honduras on a cruise and joined excursions wherever the ship docked. She was deeply moved by the poverty she saw and felt a strong connection to the people, especially the children. Carolyn committed to going on a medical mission to Central America and began an online search for an organization doing this type of work and resources to allow her to be a part of it. In July, Carolyn became the tenth scholarship nurse in 2011 to be sponsored by One Nurse At A Time (ONAAT). True to her dream, she was able to travel to southern Belize on a medical mission. This is her story…

Carolyn's Story

My medical mission, which was between July 24 and July 30th, was served with International Servants, a non-denominational Christian mission organization that is dedicated to bringing hope to Belize through medical-mission clinics, a children's ministry, feed-a-child programs, and church construction. Dr. Paul Whisnant founded International Servants, and his wife Amanda, a certified pediatric nurse practitioner (PNP), is the medical director of the medical-mission clinics. These free clinics treat thousands of poor and needy children and their families in remote jungle villages throughout Belize. Although intestinal parasites, malnutrition, skin infections and infestations, and viral illness are the most common conditions treated in the clinics, we saw other patients with chronic conditions such as diabetes, hypertension, and other cardiac conditions.

The Team

The team consisted of 60 volunteers from all over the United States, including a group of 22 from Harmony Baptist Church in Missouri. There were several families, including one physician who brought his wife, two sons, and a daughter-in-law. In spite of the fact that I went on this mission trip by myself, I was never alone. The number of solo volunteers was a surprise, but this situation helped us become friends very quickly. We all continue to communicate and share our pictures via Facebook.

The medical providers on our team consisted of Amanda, who oversaw clinic op-

Please see ***One Nurse Can Make a Difference,*** *page 6*

LET'S TALK MONEY

By Barbara C. Phillips, *NP*

Marketing—Getting Specific

Barbara Phillips

In order to market your practice, you will need to create a specific message. What do you do for your patients? What specific services do you provide? How do people benefit by being your patients? Your message goes beyond office hours and the fact that you can write prescriptions.What can you say to bring them in? You want to emphasize that NPs really *listen* to their patients in addition to educating, assisting, diagnosing, and treating them. You help patients learn how to help themselves, which can be empowering. You may want to develop a slogan or tagline that can be expanded upon in your written materials and on your website.

Please see ***Let's Talk Money,*** *page 8*

Inside this Issue:

Capps Reintroduces Legislation for Women's HEART Health

By Mary Carole McMann, *MPH*

US Representative Lois Capps, RN, a Democrat from California, is no stranger to fighting for women's health. In fact, she was the 2010 recipient of the Susan Wysocki Award for Leadership, as reported in the March/April issue of *NP World News*. For years, she has battled to have the Heart Disease Education, Analysis and Research, and Treatment (HEART) for Women Act passed into law. Although the HEART for Women Act was passed with near unanimous support in the House of Representatives ("House") in both the 110th (January 2007–January 2009) and 111th (January 2009–January 2011) sessions of Congress,[1] it has yet to be passed by the US Senate and signed by the President to become a law. We can only hope that the 112th Congress will succeed in passing this important legislation.

The Process

A bill can be introduced in either house of Congress; however, it must pass both houses and be signed by the President in order to become law. After legislation is proposed in Congress, it typically is referred to a committee, which may send it to a subcommittee

Please see ***Capps Reintroduces Legislation for Women's HEART Health,*** *page 9*

First-Ever Business Journal for NPs Announces New Editorial Advisory Board

Practice Management: A Business Guide for Nurse Practitioners is the only business journal written by and for nurse practitioners (NPs). A publication such as this has become increasingly more essential with the changes in the healthcare system. NPs must be savvy in business in order to receive the financial returns they deserve so that they can continue to provide quality care. This publication aims to help readers learn more about the business aspects of health care.

The members of the executive advisory board of Practice Management, who help determine the course of this publication, are Gale Adcock, Susan Kendig, Eileen T. O'Grady, Wendy L. Wright, and Carolyn Zaumeyer. Although the composition of this board may change over time, it will always reflect outstanding leaders in the NP community.


Gale Adcock

Gale Adcock, *MSN, RN, FNP, FAANP,* is the Director of Corporate Health Services at SAS, the world's largest privately held software company and Fortune magazine's #1 company to work for in 2010 and 2011. She has developed an NP-dominant primary-care practice at SAS and currently oversees 55 employees in two states. Gale is an adjunct faculty member at East Carolina University (ECU), Duke University, and UNC-Chapel Hill and serves on the Board of Directors of the ECU Medical & Health Sciences Foundation. In 2011, she was elected to her second 4-year term on the seven-member Cary Town Council in Cary, North Carolina.


Susan Kendig

Susan Kendig, *JD, MSN, WHNP-BC, FAANP,* is a teaching associate professor at the College of Nursing at the University of Missouri-St. Louis, where she coordinates the Women's Health Nurse Practitioner program. She focuses her professional activities on practice and policy issues related to healthcare delivery, primary care, and patient safety. Active in policy and advocacy at the state and national level, Sue serves on the CMS Medicare Evidence Development and Coverage Advisory Committee. She is currently Chair of the Board of Directors of NPWH. Sue has written numerous publications related to women's health, advanced practice nursing, and health policy and has telecast nursing continuing education programs to 1,000 hospitals nationwide.


Eileen T. O'Grady

Eileen T. O'Grady, *PhD, RN, NP,* is a certified adult NP and wellness coach. In addition to writing a regular column on health policy in *NP World News,* she serves as policy editor for *The American Journal for Nurse Practitioners.* Eileen is currently a visiting professor at Pace University's Graduate School of Nursing in Manhattan, where she teaches doctoral students health policy and wellness coaching. She has authored numerous articles and book chapters on advanced practice nursing and health policy. She has an active public speaking calendar in which she creates a compelling case for nurses, especially advanced practice nurses, to more forcefully engage in the policy-making process.


Wendy L. Wright

Wendy L. Wright, *MS, RN, ARNP, FNP, FAANP,* is an adult and family NP and the owner of Wright & Associates Family Healthcare. Wendy served as past president of NPACE and is the senior lecturer for Fitzgerald Health Education Associates. Wendy is the founder of the NH Chamber of Entrepreneurial Nurse Practitioners, an organization designed to assist NPs with independent practice issues. She presents nationally to different audiences and has been a speaker at over 500 conferences in 45 states; she has appeared on radio, television, and in print magazines.


Carolyn Zaumeyer

Carolyn Zaumeyer, *MSN, ARNP,* is the founder and owner of Women's Health Watch, Inc., which is based in Lauderdale by the Sea, Florida. Carolyn has written numerous articles published in the United States and Columbia. Since publication of her book *The Nurse Practitioner as Entrepreneur: How to Establish and Operate an Independent Practice* in 1995, she has become widely known for her articles and presentations in which she advises NPs on how to have successful private practices. Carolyn also acts as a small business consultant and coach. Her most recent book is *How to Start an Independent Practice: The Nurse Practitioner's Guide to Success* (2003. Philadelphia: F.A. Davis)

Please share your business experience and expertise that is of value to other NPs by submitting an article for *Practice Management.* Contact me at npcmary@aol.com or call at 713-270-8664. To subscribe to *Practice Management,* go to webNPonline.com.

Cordially,
Mary Carole McMann, MPH
Editor
NP Communications, LLC

Nurse Practitioner World News

NP Communications, LLC
5 Jefferson Court, Monroe Township, NJ 08831
(732) 641-2113 • Fax: (732) 641-2116
email: npclkyoung@aol.com
www.webnponline.com
Postmaster: Address correction requested

Important Subscription Information

To change your current address for print editions, please email your new information with the code number from the address label to c.perretti@SDIHealth.com

Online subscriptions to **Nurse Practitioner World News** and other NP Communications, LLC, publications—**The Pearson Report, The American Journal for Nurse Practitioners, Women's Health Care,** and **Practice Management**—are available through **www.webNPonline.com**

WE'D LIKE TO HEAR FROM YOU

NP World News *is interested in the opinions and ideas of all nurse practitioners. Please write to us about your reactions to our articles, your professional activities, and your thoughts on issues important to NPs. We also welcome suggestions for articles and manuscripts on topics of interest to NPs. Finally, please let us know about award and grant recipients in your state, university, or NP organization.*

Mary Carole McMann, our editor, can be reached at npcmary@aol.com.

All Imaginable Futures Are Not Equally Possible—Three States Take Different Size Steps Forward

Eileen T. O'Grady

There is much movement in the world of nurse practitioners (NPs). Some of it is tectonic, bold, and exciting; some promises advances in the future; and some consist of smaller incremental steps in the right direction. The most important element in modernizing the nation's NP acts is the context of each states political environment. While some state legislatures have a culture of making more progressive moves, others are steeped in tradition and more at ease with smaller, slower change. The nature of each state legislature's political climate must be fully evaluated and linked to strategies that have a high chance of success, however limited the victory achieved. Otherwise, without that high degree of political competence, we may keep ourselves stuck in the past.

> *"All truths are easy to understand once they are discovered; the point is to discover them."*
>
> —*Galileo*

We All Have a Stake in Each Other's Success: Moving Toward Autonomy

Nine state NP organizations submitted legislation seeking complete statutory independence in 2011. This is imperative for a number of reasons. Most important is the rollout of health reform; with or without the Supreme Court upholding the individual mandate later this spring, other elements of reform create subsidies and patient protections from insurance companies. Therefore, the number of people who will be swept into the system will create a surge in demand for health care. Congratulations to NPs in Vermont and North Dakota who succeeded in modernizing their nurse practice acts! This brings the number of states with complete independent practice authority to 16.[1]

Fully Modernized

North Dakota (ND) NPs launched a massive public education campaign about the abilities of NPs and then obtained support for a legislative change that would remove the requirement for a physician's signature on prescriptions. As described by Billie Madler, DNP, FNP, and president of the ND Nurse Practitioner Association, it was "an exciting legislative session for ND NPs, and we are very proud of our accomplishment." She describes the range of political competencies deployed and says, "success of legislation to remove the collaborative agreements required in North Dakota to prescribe medication was multifactorial. NPs from all parts of the state were *mobilized* and actively participated in efforts to inform our legislators of reasons this change was needed." NPs shared true life stories of barriers created by the collaborative agreement, gave examples to illustrate the antiquated nature of the collaborative-agreement requirement, highlighted the quality of care provided by NPs across the state, and emphasized the increased accessibility to care that NPs provide. With physicians from the state, NPs were able to articulate that any healthcare provider who gives high quality care collaborates—or, better yet, consults—with other providers on a regular, often daily, basis. Moreover, as a nursing body, NPs value being governed by our profession; during this process, NPs outlined how the ND Board of Nursing has been effective and will continue to be effective in regulating the practice of NPs. "As a result of this successful legislation, NPs in North Dakota are very pleased that an unfounded requirement has been lifted," Madler said, "and we are able to provide care to the citizens of North Dakota to the full scope of our education." The bill passed by an overwhelming margin, and the new law took effect August 1, 2011.

Vermont Presents Alternatives to Graduated Prescribing

Moving east to New England, the Vermont Board of Medical Practice proposed legislation that would have required NPs to be supervised by a physician for 5,000 hours before entering into solo practice. Vermont NPs' unity and political competency led to passage of alternative legislation that provides full NP autonomy and requires new graduate NPs to be mentored by NPs in prescribing for 2 years or 2,400 hours before earning full statutory authority. While this "mentored prescribing" is not in line with the requirements for advanced-practice registered nurses (APRNs) outlined in the Consensus Model for APRN Regulation,[2] it does represent a step toward autonomy. The Vermont Nurse Practitioner Association held tight to the principals of "nurses regulating nurses" and "practice autonomy" and refused to concede points that would have compromised their core values. At least a dozen other states are planning to submit legislation seeking full statutory authority in 2012.[1]

Please see ***From the Desk of Eileen T. O'Grady,*** *page 4*

Legislative victory for North Dakota citizens
Front row, from left—Representative Don Vigesaa, Senator Judy Lee, Governor Jack Dalrymple, Senator Bill Bowman, Senator Joan Heckaman. Back row, from left—Representative Bill Devlin; Cheryl Rising, MSN, FNP; Representative Karen Rohr, PhD, FNP; Cal Rolfson, NDNPA lobbyist; Kris Todd-Reisnour, MSN, FNP; Connie Kalanek, PhD, RN, executive director of the North Dakota Board of Nursing; Billie Madler, DNP, FNP

From the Desk of Eileen T. O'Grady

continued from page 3

Incrementalism vs. No Progress

The Virginia Council of Nurse Practitioners (VCNP) and the Medical Society of Virginia (MSV) have agreed to submit a consensus bill designed to address problems with current access to health care in Virginia, particularly in underserved areas, in the 2012 legislative session. The VCNP reports that their leadership, bound by a mutually agreed upon confidentiality agreement, met regularly with the MSV leadership over the summer with an eye to submitting consensus legislation to expand access to health care in Virginia. Of note, the current NP statutes in Virginia that require physician supervision of NPs are found in the Medical Practice Act, which was written in 1973. Although the Medical Practice Act has not been updated in many years, the VCNP leadership is reporting that they have agreed with the MSV to eliminate the supervisory language but to replace it with a mandate for NPs to work in collaboration and consultation with a physician in a "patient-care team." The requirement for the physician supervisor to "regularly practice" where the NP prescribes has been removed; however the patient-care-team physician will "actively provide management and leadership." The Joint Board of Nursing and Medicine will retain regulatory oversight over the physician-NP practice agreement process, with continued but increased required NP to MD ratios of 6:1 (up from 4:1).[3]

While this may seem a small step in the journey toward a modern nurse practice act, it is important to put it into context. The process in Virginia is highly politicized instead of relying on an evidence-base to make policy decisions. The compelling evidence on APRN safety and nursing standards were not incorporated into the draft bill to the degree that many had hoped. Established in 1619, the Virginia legislature is the oldest legislative body in the western hemisphere, and it clings proudly to tradition and to Thomas Jefferson. Virginia's legislative environment is heavily influenced by politics in which the ruling forces use their efforts to maintain their dominance in the policy community, thereby introducing an irrational element into the legislative process. Leaders of VCNP considers the proposed legislation to be a small victory because it is the first time in decades that the practice act may be opened to remove the requirement for physicians to practice regularly at the site with the NP. The mandated physician-led patient-care teams in the proposed legislation appear to be more favorable than the previous requirement for "direct physician supervision." The VCNP is fully supportive of the Institute of Medicine (IOM) recommendations and has taken part in a months-long process engaging their leadership team in how best to approach modernization in Virginia. Previous attempts to open and modernize the practice act have been unsuccessful. Although the proposed legislation in no way meets the recommendations set out by the IOM[4] or the APRN Consensus Regulations,[2] in Virginia, incrementalism is the only way to move forward. The VCNP expects that this incremental approach will pave the way for more progress in the future, and these NPs see these small steps as a roadmap toward ultimately achieving a modern nurse-practice act. Regardless of what happens in the Virginia Assembly in 2012, NPs have been working tirelessly to move forward and will not stop until the state has a practice act which reflects modern advanced practice nursing.

While we have pockets of visionary innovation and APRNs making huge steps forward, we must face the fact that there are areas in which modernization will have to occur more slowly and steadily. This lack of evidence-based policy-making suggests that the legislature may not be the appropriate place to adjudicate scope-of-practice issues because of the politicalization and highly technical nature of scope-of-practice changes. It seems that the southern states, the original colonies in general, are having a harder time with modernizing. Small incremental changes are the only way forward in states that cling to tradition and the pull of the familiar, ie, the physician as the historical and most familiar type of healthcare provider.

Dr. Loretta C. Ford on Scope-of-Practice Victories

Dr. Loretta C. Ford reminds us to work toward eliminating provisions that 1) maintain physician control of APRNs, which is inappropriate to legislate and limits the "team" to two professions (what about all the other professions?); 2) medicalizes advanced-practice nursing; 3) compromises board of nursing authority; 4) does not allow for real innovation of new nursing models; and 5) does not encourage or even allow for research or evaluation. Moreover, the APRN consensus model, the IOM nursing report, and healthcare-reform legislation all point to full utilization of NPs with statutory autonomy. She reminds NPs to take bold steps, to more courageously take our rightful place in health care in this country. According to Dr. Ford, "nursing has never had a better opportunity than the current environment to make the statutory changes we have sought and fought for over a long period of time. And, if we don't grab the brass ring NOW, we may never have another chance." She asks a penetrating question for all policymakers to consider. "How can we expand access, assure quality, and offer more affordable care in the public's interest?"

The patient safety violations or quality concerns in the 16 states with modernized nurse practice acts are no different than in the states with antiquated nurse practice acts. This state-by-state comparison serves as the strongest evidence possible for the efficacy and safety of autonomous NP practice. The politicization of the nation's scope-of-practice laws is not serving consumers well. All of the states that have moved forward positively have exhibited a high degree of political competence. They have widened their stakeholder base, including consumer groups and university presidents; they have negotiated on principled ground; and they positioned NPs from a place of power, presenting decades' worth of strong evidence supporting the safety of APRN practice.

Looking Toward the Horizon

Recently, I was made aware of Duke University's doctorate-in-nursing-practice (DNP) student projects, now available on You Tube. The student projects are fantastic in every way and will "knock your socks off." Under the direction of Nancy Short, RN, DrPH, a Robert Wood Johnson Policy Fellow and award-winning educator at Duke University, these roughly 6-minute videos are edgy, direct, and wildly creative. Dr. Short has raised the bar on what is possible with DNPs. The topics include group visits, mental health, and bariatric surgery, among many others. The wide scope of issues addressed and the expertise of these videos created by APRNs really tell the story of how we are present in nearly every sector of health care and making a huge impact. Of note, the videos also shed light on "orphan issues," ie, problems in our health system that may not have champions, such as preventing sudden death in young athletes and removing supervision requirements for nurse anesthetists. The videos provide strong context for and the background of many varied issues, discuss policy issues, and use expert interviews to include elements of investigative reporting. They offer sharply worded summaries of how we are falling short in either building an evidence base or in implementing the little evidence we do have. Clear and unambiguous policy recommendations are made based on existing evidence and epidemiology. The APRNs include poignant stories to humanize the issues by giving a soul to the data, which adds a powerful punch to their messages. If you feel discouraged by the current times; the quality of presidential candidates; the economic forecast; the persistently fragmented, uneven quality and safety concerns in our health systems; and the profoundly gridlocked political system we have elected, you may want to look to a more positive horizon. Check out the promise of our profession, soon to be fully unleashed onto the public from the Duke University DNP program, at www.youtube.com/user/profshort1?feature=mhee#g/c/D54B80AB82E1F8AE

References

1. Ford J. Progress toward NP independent practice. Advance for NPs & PAs. August, 2011. Available at http://nurse-practitioners-and-physician-assistants.advanceweb.com/News/Front-Center/Progress-Toward-NP-Independent-Practice.aspx. Accessed 12-11.
2. Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education. July 2008. Available on APRN consensus model toolkit website at www.aacn.nche.edu/education-resources/APRNReport.pdf. Accessed 12-11.
3. Joint statement from the Virginia Council of NPs and the Medical Society of Virginia. November 8, 2011. Available at www.vcnp.net/documents/MSV-VCNP_joint-statement.pdf. Accessed 12-11.
4. The Future of Nursing: Leading Change, Advancing Health. Institute of Medicine, 2010. Available at www.nap.edu/catalog/12956.html. Accessed 12-11.