



FROM THE DESK OF EILEEN T. O'GRADY, PhD, RN, NP

## The Strength of the Wolf is in the Pack: Newsmaker Interview on the Consolidation of Two NP Associations



Dave Hebert

Dr. Eileen O'Grady sits down with Dave Hebert, JD, the CEO of ACNP to discuss the blending of ACNP and AANP.

Loretta Ford said she never thought the two national nurse practitioner (NP) organizations would ever merge in her lifetime, and many other NPs were sure it would not happen in theirs. A number of people across the country were both surprised and delighted when the July 3 press release announced that the American College of Nurse Practitioners (ACNP) and the American Academy of Nurse Practitioners (AANP) were planning to join forces and create a new, stronger single organization.

I had the opportunity to sit down with David Hebert in his offices in July. When the merger concludes, he will serve as the CEO of the newly constituted organization, which says a lot about him—his integrity, his leadership, and his humility. He describes his job as deeply meaningful and is honored to be promoting the NP profession. Over the next 4 months, the leaders of the new organization will need to make

hundreds of large and small decisions, and the country's NPs will be watching them closely. While the many decisions that need to be made will be difficult, it is expected that the leadership team will keep the clear outcome in mind: to create a more powerful, single NP association. The following comments are excerpts from the interview with David Hebert.

*Can you describe the impetus for the merger? What were the events that shifted the leadership of both groups to go in this direction?*

It was strong leadership from both the AANP and the ACNP. Both groups of leaders listened to the membership push when asked, "why don't you merge into one organization?" Members complained that there was much confusion; they did not know which group to join when both groups have so much to offer. Ultimately, the leadership of both groups discussed the present, looked to the future, and felt it was the right time to leverage our strengths.

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By KC Arnold, ANP, BC-ADM

## The Electronic Health Record—Here to Stay

Whether you as a nurse practitioner (NP) love or hate the electronic health record (EHR), it is here to stay. Since I had an EHR in place when I first opened the doors of The Diabetes Center, PLLC, my practice in Ocean Springs, MS, I am very familiar with the rewards and challenges involved.



KC Arnold

### Practical Advantages of the EHR

Any NP who has ever scoured page after page of a patient's written medical record can recognize the advantages of having all of the information available in a readable form in a searchable format. With an EHR,

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Inside this Issue:

- NPWH Conference Program Guide
- Prescription Drug Abuse
- Semester at Sea: Dominica, Brazil, and Ghana

## Graduate Nurse Education Demonstration Project

There is growing recognition of the value of advanced-practice registered nurses (APRNs) in the US healthcare system. The number of primary-care providers (PCPs) is shrinking as the need for these clinicians continues to expand. Increasing the pool of APRNs (ie, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives) is an essential component of a healthcare system that can meet the primary-care needs of the American people.

Historically, hospitals and other healthcare providers have been limited in the number of APRN students they could accept for clinical training due to cost. The Graduate Nurse Education (GNE) demonstration project was mandated by Section 5509 of the 2010 Affordable Care Act. The primary goal of the GNE demonstration project is to provide APRNs with more access to the qualified clinical training necessary to provide primary care, preventive care, transitional care, chronic-care management, and other services appropriate for Medicare beneficiaries. The GNE demonstration project will be operated by the Center for Medicare and Medicaid Services (CMS) Innovation Center, which was created by the Affordable Care Act to test innovative payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care.

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# The Strength of the Wolf is in the Pack: Newsmaker Interview on the Consolidation of Two NP Associations

*Coming together is a beginning;  
keeping together is progress;  
working together is success.*

—Henry Ford

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*There are many reasons that a merger makes sense, including the Affordable Care Act (ACA), the individual insurance mandate, the MD shortage, the emphasis on quality, and the Institute of Medicine report on the future of nursing, among others. What do you think is the single most important reason why the merger is occurring now?*

The external factors you mentioned, and many others, were important considerations. The context for the merger begged the question: “how do we speak with one clear strong voice?” Given limited resources, we asked, “how can we have a stronger role in the policy debate?” We looked to the leaders of other successful associations for advanced-practice registered nurses (APRNs), such as the American Association of Nurse Anesthetists for certified registered nurse anesthetists (CRNAs) and the American College of Nurse Midwives for certified nurse midwives (CNMs), as exemplars. These professional groups are represented by a single organization and are far stronger because of it. The specialty NP groups will continue as they are, but the new NP umbrella group will be far stronger. There is strength in numbers, and I think the CRNAs and CNMs have consolidated their efforts. I was director of the American Association of Nurse Anesthetists’ Washington Office for 8 years and have learned through experience and observation that it is so much more efficient to influence policy when speaking with one united voice and without confusion about which lobbyist works for whom.

*In the past, AANP and ACNP told NPs that they worked together on major policy issues through regular meetings at the DC-based APRN Roundtable. What do you see happening in terms of synergy with a single organization?*

It will be far superior to operate from one strategic plan and have all our resources aligned with that strategic plan. It is my vi-



Eileen T. O'Grady

sion that staff, committees, and the board of directors will align with a strategic plan and move in one direction. This is far preferable to only having conference calls to discuss complex policymaking and compare notes; however, we will still maintain that roundtable call to coordinate efforts with the specialty organizations.

*What do you expect to be the biggest, most immediate payoff for NPs?*

The payoff will be a bigger, stronger united voice that will end confusion and consolidate best practices. The merger will create powerful economies of scale, that is, doing things on a bigger scale and more efficiently. There will be one main group with a clear NP voice. This single strong voice will not go unnoticed, especially in public debates, on Capitol Hill, and in statehouses. The range of tables where we will be seen and heard will be significantly ramped up. We are blending and enlarging two great associations. This is a terrific opportunity for us to hit the ground running and take NPs to the next level. It is extraordinarily exciting.

*What do you think are the major policy priorities for the newly merged entity? Will the new entity have policy as a first priority?*

Those details remain under discussion by the leadership of both organizations, who

will set the direction and carve out the priorities for the newly merged association. The ACA, the mandate, and Medicaid expansions in particular create tremendous opportunities for NPs in the future. The world is waiting for NPs to grab hold of the brass ring. In addition, the recent study by Auerbach noted that the opportunities for NPs will grow by 94% between 2008 and 2025, speaking to the growing role NPs have in health care. So, I would expect a focus on hospital conditions for NP participation and eliminating barriers to practice will be among our priorities. I anticipate that the states with restrictive practice acts will feel palpable support from this new, stronger organization, which will have resources to promote modernization. While I can't say with absolute certainty what the policy priorities will be because it will be a member-driven organization, those initiatives will undoubtedly receive a significant amount of time and attention.

*What do you expect to be your greatest cultural challenges, if we assume that each organization has a similar mission but very different cultures and philosophies?*

I anticipate that the new organization, which is scheduled to be formed by sometime this fall and will have a new name, will look different; it will have a different culture and perhaps a modified mission, all of which is up for discussion. What we want to do is bring forth the best practices of both associations. Both groups have done tremendous things over the years. Many NPs from these groups have put their heart

and soul into advancing the profession, and we need all of them. We will blend the organizations as best we can; we have two very committed and determined groups. I am completely confident that this will work and will work well.

*What kind of “push back” or resistance have you felt?*

The overwhelming response from across the country has been incredibly positive. “It’s about time!” “What took you so long?” “Congratulations!” There has been a modest amount of resistance to forming this new entity, but it is in the 1% range. This resistance stems from uncertainty; those NPs with great affection for their association as it is have invested so much of themselves in their organization. We know how difficult it is for all of us to change. The state NP groups are thrilled with the consolidation.

*As the leader of the consolidated NP organization, what do you see as your kryptonite?*

I don't look at the negatives. I do not see anything to stop this movement forward. What I anticipate—having worked with advanced-practice nurses for over 9 years—is that nurses are very determined, and, given the resources and strategy, there is almost nothing that NPs can't do. I have always been impressed by the tenacity and dedication of NPs. There are very few things we cannot accomplish. Will there be bumps in the road? Sure. I expect scope-of-

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practice battles to remain difficult because of organized medicine's vast resources.

**What else can you tell us about the hundreds of decisions that must be made, such as which publications will remain? How will future conferences work? If I am a member of one organization, how do I stay on as member of the consolidation? Will the new entity have a political action committee?**

I can only say that leaders from both organizations will join forces and make joint decisions about the details, using the existing structure of AANP, although the organization will have a new name. We expect to enlarge lobbying efforts; it will not be a single person but a team approach including both in-house lobbyists and outside counsel. I would expect the lobbying effort to be significantly expanded, but this is up to the strategic plan that the leaders develop.

It is expected that the AANP Texas office will serve as the administrative office in the new organization, and we will maintain a DC presence as well. I expect the Washington DC policy summit and policy institutes to continue but to be expanded.

Both organizations have contractual obligations that must be worked out. The ACNP clinical conference will still take place in Toronto this October as will the AANP conference in June 2013. We are in the process of determining the future of conferences in the years to come. But many other details, especially with regard to the blending of contractual obligations, still need to be worked out.

**What do you want to tell readers? What actions should they take?**

It is my job to be sure NPs always have a seat at the table. While we may not always win, we will not go down without a fight. With the help of NPs around the country, we will make this new organization one that is politically active. With the combined voice of both organizations and the strength of combined membership, we can win a lot of these battles. It is my vision of the future that NOBODY will roll over NPs. It will not be an option on my watch!

I hope that NPs stay involved and say yes if they get asked for grassroots activism or to serve in leadership positions. Even through the transition, I hope NPs out there don't stop being a member of either

organization. We will develop a seamless transition; members will NOT get short-changed or lose service. We will work to resolve all the dues issues; now is not the time to stop supporting NPs. So, get involved and stay politically active.

**With the upcoming presidential election, has there been any talk of assigning an NP policy advisor to the Romney and Obama campaigns?**

Not to my knowledge, but that would be very valuable. I have always promoted political involvement regardless of political affiliation.

**If you could wave a magic wand to create the ideal situation for NPs right now, what would it be?**

We would be at a point of parity with organized medicine, where organized medicine could not do anything without the approval and agreement of NPs. We would be significant players so that nothing could happen over our objections. Our involvement would be meaningful in all respects.

**In 2017, what will be in place for NPs?**

I hope that we will be very well known as a force to be reckoned with on Capitol Hill. We will have achieved significant scope-of-practice battles at the state level. We will have an NP as a key contact for every member of Congress, so that every

*"The world is waiting for NPs to grab hold of the Brass Ring. There is almost nothing that nurses can't do."*

—Dave Hebert, July 2012

congressional member is on a first-name basis with an NP. Ideally, in 2017, before any members of Congress make a decision on health care, they will seek out that NP for his/her opinion. This is a huge amount of work, but we can get there.

*Eileen O'Grady would like to thank Nancy Sharp, RN, MSN, FAAN, for her wisdom, institutional history of NP organizations, and help in formulating the interview. To see the July 3rd press release and FAQs on the ACNP/AANP consolidation, please go to [www.acnpweb.org/](http://www.acnpweb.org/)*

### Reference

Auerbach DI. Will the NP workforce grow in the future? New forecasts and implications for healthcare delivery. *Med Care.* 2012;50(7):606-610. Abstract available at [www.rand.org/pubs/external\\_publications/EP20120058.html](http://www.rand.org/pubs/external_publications/EP20120058.html).

## Graduate Nurse Education Demonstration Project

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In March of this year, CMS called for applications for the GNE demonstration, which was to include up to five facilities that will receive funds over 4 years to offset the reasonable costs of clinical training for APRN students. Hospitals participating in the demonstration must partner with accredited schools of nursing and with two or more non-hospital community-based care settings, which must be the site of at least half of the clinical training. These settings may include federally qualified health centers or rural health clinics. In certain cases, participating hospitals may also partner with other hospitals in an effort to expand the number of APRN students trained. APRN students receiving training funded by the demonstration will be encouraged to practice in non-hospital settings, including in underserved areas of the country.

The amount paid to each of the participating hospitals will be linked directly to the number of additional APRNs that the facilities and their partnering entities are able to train as a result of taking part



### Participating Sites

in the demonstration. After comparing previous enrollment levels in APRN training programs with enrollment under the demonstration, payment will be calculated on a per-student basis. CMS will make reimbursement payments to the participating hospitals from a \$200 million fund (ie, \$50 million per year) available over the 4 years of the GNE demonstration.

On July 30, CMS announced that the following organizations had been selected to participate in the GNE demonstration project.

- Duke University Hospital in Durham, NC
- Hospital of the University of Pennsylvania in Philadelphia, PA
- Memorial Hermann-Texas Medical

- Center Hospital in Houston, TX
- Rush University Medical Center in Chicago, IL
- Scottsdale Healthcare Medical Center in Scottsdale, AZ

You can find the answers to questions frequently asked about the GNE demonstration project at [www.innovations.cms.gov/Files/x/GNE\\_faq.pdf](http://www.innovations.cms.gov/Files/x/GNE_faq.pdf)