## THE PRACTITIONER

www.arizonanp.com

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Please join us in celebrating 25 years of providing the Annual Southwestern Regional Nurse Practitioner Symposium.

Come have a slice of anniversary cake with us!

25th Annual Southwestern Regional Nurse Practitioner Symposium Saturday, July 27, 2013 - Sunday, July 28, 2013 North Country Conference Center, Flagstaff

### **Keynote Speaker**

Dawn M. Adams, DNP(c), MSN, ANP, CHC



Weight, What's Really Going on Here? Quelling the Tides from a Perfect Storm

Dawn M. Adams is a nationally board certified licensed nurse practitioner, certified health counselor, and author of Weight! That's Not the Issue...Little Steps Toward Big Changes. Dawn is currently practicing as a health counselor for Love Your Life Integrative Health Counseling Inc., a company she founded to help individuals truly ready for a life change. She is a frequent speaker at health fairs and events and integrates her approach to health and wellness in her full time job as a Hospitalist.

Special Sunday Breakout Session
ER/LA Opiod REMS: Achieving Safe Use While
Improving Care

The FDA has mandated that the pharmaceutical industry support educational efforts directed to



http://arizonanp.enpnetwork.com

The Arizona Nurse Practitioner Council is a local chapter of the Arizona Nurses Association, and an affiliate of the American Academy of Nurse Practitioners and the American College of Nurse Practitioners.

Established in 1992, we advocate for our membership through legislative and educational activities. We provide members the opportunity to network with one another and promote their services to the public.

http://arizonanp.enpnetwork.com

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### Arizona Nurse Practitioner Council Executive Committee

President: Janeen Dahn
Vice President: Bessie Burk
Treasurer: Karen Holder
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1850 E. Southern Ave, Suite 1. Tempe, AZ 85282 480-831-0404 info@aznurse.org prescribers and have developed a list of competencies that all opioid prescribers should achieve - the FDA Blueprint. They have mandated voluntary CE for prescribers regarding opioid therapy that will ensure that prescribers achieve the competencies in the Blueprint and that will help to ensure that the benefits of ER and LA opioid analgesics outweigh the risks.

Alan Agins, PhD and Jody Agins, MSN, ANP/GNP-BC will present content elements including general prescribing information, patient selection, assessment of risk, long-term pain management using opioids, dose initiation and medications, ongoing monitoring and patient counseling guidance. This session provides the coverage of the FDA Blueprint for REMS and protects NPs' authority to prescribe opioids for patients with chronic pain.

# EXCITING NEWS ABOUT ONE OF OUR OWN!!!!



Bessie Burk, FNP, was recently honored at the Arizona Alliance for Community Health Centers Annual Meeting, February 7, 2013.

The Arizona Alliance for Community Health Centers (AACHC) is the Primary Care Association (PCA) for the State of Arizona. All states have one designated PCA in order to advance both the expansion of Federally Qualified Health Centers (FQHC's) and advocate for the health care interests of the medically underserved and uninsured.

Bessie Burk, FNP, family practice provider at Sun Life's Casa Grande Family Practice office, received the SEARCH Preceptor of the Year award. The SEARCH Program

(Student/Resident Experiences and Rotations in Community Health) is designed to provide clinical opportunities for health professions' students and residents to serve in primary providing health care teams care communities throughout the state, and relies on preceptors, clinicians who serve as teachers to train students and residents. The SEARCH Preceptor award recognizes a clinician who has a track record of having a positive influence on the future careers of primary care disciplines. "I want to thank Sun Life for all the support I have regarding students, the other providers who share their knowledge and the staff for being so helpful. The students have been amazing and this is a wonderful journey to take with them," states Bessie.

"Sun Life is committed to total quality care for everyone, including future healthcare providers. I am pleased that Bessie has exemplified total quality care and shares that with her students" says Travis J. Robinette, Sun Life's CEO. "We are pleased that a Sun Life employee was chosen from their statewide peers for this honor. It really showcases her commitment to Sun Life's mission and values."

Congratulations, Bessie!!!

EXCITING EVENT COMING:
SOUTHERN ARIZONA SOCIETY
OF ADVANCED PRACTICE
NURSE/ NURSE PRACTITIONER'S
SECOND ANNUAL CONFERENCE



Where: Omni National Resort

Key Note Speaker: Angela (Russell) Golden

DNP, RN, FNP-BC, FAANP

Other Exciting topics include: Diabetes management, lipid management, osteoporosis, pharmacology, GI and much more!!!!!

The Southern Arizona Advance Practice Nurse Society (SAZAPN) consists of practicing NPs and NP students in southern Arizona. We have about 120 active members who come to meetings and actively participate in events that we have throughout the year. We have about 400 inactive members who live in Tucson and the surrounding cities, such as Sierra Vista, Benson, and Bisbee. We meet the third Thursday of every other month with a sponsored dinner. It is a great opportunity to meet with others in your specialty and for students to obtain preceptors. If you are interested in joining, please contact Sharon Morgan at sharonmorgan@hotmail.com.

# NORTHERN ARIZONA NURSE PRACTITIONER GROUP by Karen Holder

Our northern Arizona NP community continues to grow. NANPG membership has reached an all time high with 110 members who primarily live within a 50 mile radius of Flagstaff. Our monthly educational CE programs are well attended and programs continue to focus on primary care updates. Our last program before summer break will be Saturday June 8th 8am-11:30am and will focus on thyroid issues. For more information on this program and other NANPG events, contact me at: kvholder@aol.com

Karen Holder, FNP President, Northern Arizona Nurse Practitioner Group



For those of you who enjoyed Sue Collins' article on *Magnesium For Better Health* in the last issue of "The Practitioner," don't miss her presentation at the 25th Annual Southwestern Regional Nurse Practitioner Symposium, July 26<sup>th</sup> – 28, "Natural Assist for GI Distress, Saturday, July 27<sup>th</sup>, 10:15 AM to 11:15 AM Breakout Session

# AGENCY FOR HEALTHCARE RESEARCH & QUALITY DEVELOPMENT

AHRQ Launches Regional Partnership Development Initiative to Promote Comparative Effectiveness Research

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote comparative effectiveness research (CER), a type of patient-centered outcomes research, in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers, and policymakers. You're invited to learn more about CER and to partner with AHRQ by using and encouraging others to use free CER reports and materials, which support efforts to improve the quality of health care in communities.

#### What is comparative effectiveness research?

Comparative effectiveness research provides information that helps clinicians and patients work together to treat an illness or condition. CER compares drugs, medical devices, tests,

surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to support their treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:

- Patient treatment comparison summaries (English and Spanish)
- Clinician research summaries
- Executive Summaries
- Faculty Slide Sets
- Continuing education (CME/CE)
   Modules
- Podcasts

Findings from comparative effectiveness research can be helpful to everyone participating in health care decision making:

Patients are often faced with complicated decisions, such as which test is best, which medicine will help most with the least side effects, or whether surgery is the best option. Every patient is different, and each should make informed choices based on individual needs. By providing Effective Health Care Program products that summarize evidence-based, comparative effectiveness research findings, you can help patients work with their health care professionals to make a more informed decision among many treatment options.

Health care professionals can use CER to keep current on comparisons of medications and treatments. The products developed by the Effective Health Care Program help distill the information so health care professionals and consumers can review treatment options together. When research is not available to answer clinical questions, AHRQ publications highlight research gaps.

Policymakers, business leaders, and others want to make health care policy decisions based on reliable, objective information about effectiveness. Comparative effectiveness research helps decisionmakers plan evidence-based public health programs.

To learn more about comparative effectiveness research, order free materials, access our free continuing education modules or to become part of this growing partnership network, please contact Jake Yarbrough in AHRQ's Dallas Regional Partnership Development Office at 817-920-1834 or jake.yarbrough@ahrq.hhs.gov. You can also learn more about CER by visiting www.effectivehealthcare.ahrq.govs

WHY BOTHER (with electronic health records) ..... by Janet Mar, DNP, FNP-BC, ACNP-BC, Health Informatics Specialist, Health Services Advisory Group, Inc.

Incentives for Nurse Practitioners (NP) to use electronic health records (EHRs) are only provided for through Medicaid. So if you do not qualify for payment, you may ask yourself why bother with using EHRs. There are many reasons for NPs to use an EHR even though there is no financial incentive payment. Using an EHR is an efficient way to keep patient information in one location so that it is easily accessible whenever and wherever patient

information is needed. This also allows for improved care coordination with other providers. Patients can have access to their own medical information and educational materials.

Another important aspect of using EHRs is for patient safety. The monitoring of medications with the e-prescribing function reduces the chance for medication errors, checks for drugdrug interactions and alerts the user about possible allergic reactions. Using an EHR also makes the tracking of patient compliance and medication refills easier. Lab and imaging results can be easily and more quickly obtained from the EHR. Alerts notify providers about abnormal results resulting in improved patient care. All of these features along with clinical guidelines facilitate and improve chronic disease management.

Even though NPs are not eligible for incentives for Medicare, use of EHRs is important in providing quality healthcare as members of the healthcare community. Health information exchange via electronic health records is the basis for the success of new health care models such as the Patient Centered Medical Home and Accountable Care Organization. Lastly, many insurance plans are requesting quality outcome measures from participating healthcare providers as well as from newly enrolled providers. This data can be generated from EHRs and used for improving patient care, especially for chronic disease management.

A news release last month from the Office of the National Coordinator for Health Information Technology (2013), reports that achievement of Meaningful Use by NPs and PAs is lower than the rate of all other providers (23% vs. 38%). NPs who receive technical assistance and support from Regional Extension Center programs, have a higher rate of success in meeting Meaningful Use criteria. Over 2,000 NPs and PAs have demonstrated Meaningful Use even though they did not receive incentive payments. This level of commitment to providing quality and safe care to patients

needs to be practiced by all NPs regardless of financial incentives.

The Arizona Regional Extension Center (REC) of the Office of the National Coordinator for Health Information Technology has funds available to help eligible Arizona providers learn about EHRs, achieve Meaningful Use and attain an EHR incentive if eligible. Certificates will be awarded to providers meeting Meaningful Use criteria to document their achievement in the use of EHRs. This is the last year to take advantage of subsidized support from our REC. Working with Health Services Advisory Group (HSAG) through the REC will give you access to a team of experts who have experience with 45 different certified electronic health record systems and have assisted with more than 500 eligible providers in achieving Meaningful Use. For more information, contact Joseph Kolligian at (602) 801-6791 or jkolligian@hsag.com

Office of the National Coordinator for Health Information Technology (ONC). Retrieved from http://www.healthit.gov/sites/default/files/onc\_databrief\_no11\_may\_2013.pdf



The latest edition of the Arizona Nurse can be found at: http://www.azbn.gov/

#### Upcoming BON meetings in 2013:

July 25 & 26 Sept 26 & 27

Nov 21 & 22

Meetings are from 8:00AM – 5:00PM and are open to the public. Best times to attend are the first day and the morning of the second day. BON meetings are at the BON office 4747 N. 7th Ave Phoenix, AZ

## <u>Upcoming Advanced Practice Committee</u> meeting in 2013:

July 27 Time TBD at *Annual Southwestern* Regional Nurse Practitioner Symposium
Oct 26 10:00AM – 12:00PM



### ACCESS TO CARE? by David Trinidad, DNP Student, University of Arizona

(Responses welcome! Please send them to the Editor (ted\_rigney@hotmail.com) and they will be printed in the next edition of *The Practitioner.*)

The Affordable Care Act (ACA) is now law and very soon, millions of Americans will be able to afford primary health care. The question is how many of these Americans will actually have access to primary health care. Yee, Boukus, Cross, Divya & Samuel (2013) describe a worrisome intersection of trends: an increasing population with the resources to access primary care and an increasing shortage of health care professionals to provide that primary care. The demand for health care will increase alarmingly in 2014 due to the ACA, yet a potential supply of providers- nurse practitioners (NP), continue to confront barriers to practicing to the full scope of their education and training. Barriers, such as professional medical organizations lobbying to restrict NPs scope of practice and therefore, patients' access to health care by NPs. In my opinion, the issue might be summarized as a question of how to allocate scarce resources. Should we allocate resources based on altruism, or the public good, or should

we allocate resources based on egocentrism or the self-interest of one healthcare discipline?

This should be a simple problem of recognizing the needs of the public and adapting the system to fulfill these needs. Relevant to the problem is recognizing the need to change state nurse practice acts and accompanying statutes and regulations so that NPs may practice to the full extent of their education and training. The growing adoption of the Consensus Model is an example of a solution to this problem (http://www.aacn.nche.edu/educationresources/APRNReport.pdf). There are two interesting articles: 'Scope of practice' bill proposed by California legislator would expand nurses' practices to bridge doctor shortage (http://www.huffingtonpost.com/2013/03/15/s cope-of-practice-bill\_n\_2885288.html) and Health care overhaul spurs fear of doctor shortage

(http://abclocal.go.com/kabc/story?section=ne ws/state&id=9028312). The second article discusses the recent debate over California state bills SB491, SB492 and SB493, allowing NPs, pharmacists and optometrists to practice at their full level of training and the resistance of the American Medical Association to this legislation. These articles suggest that the California Medical Association (CMA) supports allocating resources to local medical schools over supporting NP practice autonomy. This allocation would expand medical schools, fund more medical residencies and provide more resources to expand medical rural loan repayment programs. The CMA's fundamental argument is that the family medical practitioners have longer and more rigorous training, which decreases the chance that a diagnosis would be missed. However, the evidence does not support this argument and, more importantly, the proposed solution of

increasing medical school admissions does not meet today's demand for access to health care. There are recommendations for advanced practice nurses to practice to the full extent of their education and training, based on strong evidence, as presented by the Institutes of Medicine in their report, *The Future of Nursing: Leading Change, Advancing Health* (2011).

Harlich (2012) modeled the political forces involved in clashes between public good and self-interest as two distinctive dueling feedback loops. The feedback loop sustaining selfinterest values favoritism and falsehood defined as 'corruption'. The feedback loop sustaining the public good values truth or 'virtue.' This model proposes that political decisions promoting self-interests requires misrepresentations to sustain the self-interest otherwise the forces of virtue will eventually evolve policy to support the public good. False stories supporting corruption involve; "false promises, false enemies, fear, wrong priorities and secrecy" (Harlich, 2012, p. 4). The feedback loop promoting public good has three main leverage points important to opposing the forces of self-interest; detect corruption, uncover the truth, and effectively communicate. An informed public debate might be the tool to oppose the forces of self-interest.

The CMA's position that the NP might miss diagnoses could be an excellent example of a false narrative working to the benefit of the self-interest. This narrative leverages public fears regarding patient safety and scope of practice perceptions shaping nursing as an enemy of the public good, and raises false promises of better care while keeping the evidenced based truth secret. Harlich (2012) emphasizes that unopposed falsehoods will lead the public perceiving falsehoods as the

truth and further shape the debate. That thought begs the question: are we detecting the falsehoods of self-interest, formulating strong virtuous messages, and effectively communicating on the behalf of the public good.

As the American Medical Association, CMA and the American Academy of Family Physicians campaign to protect their self-interests, the nursing community might engage in its own campaign to protect their self-interests. Cronenwett, et al. (2011) proposed that eliminating Master's preparation and setting the Doctor of Nursing Practice (DNP) degree as the entry point into NP practice was not in the public's interest because of proposed negative impacts on the workforce. This generated a multitude of polarizing responses supporting dichotomous positions refuting the veracity of viewpoints. This article produced a plethora of responses championing facts and opinion that supported each side of the debate.

While there are many opinions shaping the argument of how to move forward, one problem is that thousands of nurses already have made the commitment to the DNP degree. Many of these students have entered a DNP program directly from their Baccalaureate preparation. A proportion of these students is already practicing or will graduate soon. How these DNP-prepared NPs will affect NP practice and the perception of NP practice is yet to be known. This has already created controversy and discord among Master's-prepared NP's. What must not happen in this debate are the infamous disruptive behaviors attributed to the nursing profession. These behaviors include rejection from colleagues and management, a desire/ reinforcement for the new graduate

DNP to fail, unprofessional behaviors, belittlement, and manipulative behaviors. Despite any contention of the DNP as the entrylevel professional degree for advanced practice nursing, the question remains whether we will advance unified as a profession and find ways to integrate the influx of DNP-prepared NPs or will we slip into disruptive behaviors that will affect our practice, profession and, ultimately, our political power and ability to create positive change. Will the nursing profession meet the demands of the ACA successfully or will we fragment into self-interests and weaken the opportunity to gain the authority to practice at the full extent of our education and training? (Full references available upon request.)