

*Remember
Why You
Chose
Nursing?*

Called to Care

Newsletter of the Kentucky Coalition of Nurse Practitioners & Nurse Midwives

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BTW, FYI

MEDICAID PROVIDER ENROLLMENT

The Department of Medicaid plans to do an auto assignment of current recipients to one of the three Medicaid managed care organizations (MCOs) on August 18th. If you want to continue providing Primary Care Services to Medicaid Patients outside of the Passport Region, you will need to notify the managed care organizations of your interest in becoming a provider in their network. There are three (3) Managed Care Organizations (MCOs) with whom the Cabinet has signed contracts to provide Medicaid services in a managed care environment are looking for Primary Care Providers with whom to contract. They are Centene – which is doing business in Kentucky as Kentucky Spirit Health Plans - Coventry Health Plan, and WellCare. After October 1, 2011 you will no longer be able to provide Medicaid healthcare on a fee-for-service basis; you will need to be in a provider network with an MCO contract.

These 3 MCOs are authorized to provide Medicaid services in all counties of Kentucky with the exception of those for whom Passport has provided services over the past 10 years (Jefferson, Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble and Washington counties. Passport will continue to provide services in these counties.

More information and related forms can be found on the NEWS page at www.kcnpnm.org

From The President



Well, I have survived the transition into the role of president for KCNPNM - for the most part. Thanks goes out to Wendy Fletcher for her help in teaching me the way over the past year. She had to say several times “The >100 emails/day really is doable”. I look forward to being able to tap her knowledge further this year if I get lost along the way.

One thing I have noticed is that the board cannot do it alone. It takes the entire membership to move forward. The board voted to seek the experience of John McCarthy and Sheila Schuster to help move our efforts in Frankfort forward. We are finalizing our plans for the coming months and we will need the efforts of each and every members in order to be successful with our legislative agenda: removal of the collaborative agreement (CAPA-NS).

Over the next couple of months, watch for members of the Legislative Task Force at your regional meetings. Kathy Wheeler, Julie Marfell, Susan Matthews, Beth Partin, Julie Ossege, and I will be visiting all KCNPNM regions. One of us will speak to your group to discuss The IOM: The Future of Nursing - Leading Change, Advancing Health and its Application in Kentucky. Please don't miss this important presentation when we travel to your town.

As you learn more about what you can do, please reach out to your regional directors or board members to see how you can help. It is not always a time consuming effort. We will need you to contact legislators in your area for local meetings, attend regional meetings in order to know what is available, or consider participation on one of the committees. Feel free to contact me to find a way to participate. Watch your email which will contain specific calls to action and links back to the website for valuable background information and talking points. The Coalition is only as strong as its members. I know for a fact we are strong because I know many of you. Let's all pull together for the health of the Commonwealth.

Julianne Z. Ewen, APRN, DNP
president@kcnpnm.org

Viruses and Hacked Email Accounts



(Editor's Note: This article has been included because some of our members have had their email accounts hacked and hijacked which resulted in emails – apparently from a member in good standing –being sent to everyone in their address book, including the KCNPNM listserv.)

If you knew that someone in your house had the influenza virus, would you take any extra precautions? Maybe avoid close face-to-face contact? Or perhaps wash your hands a little more often than usual? You probably would, because you wouldn't want to take the chance of getting sick too. Well, are you doing anything to protect yourself from the viruses that computers can get? Certain types of viruses can delete your files, make your computer inoperable, and can even allow someone else to have access to all of the information on your computer. Many of us can't be "disconnected" from our technology for more than 24 hours. We email, surf websites, make purchases, and catch up with friends on Facebook; it's a big portion of our daily activities. Unfortunately, most of us don't take precautions against computer viruses because we don't think that it will happen to us.

Three years ago there were already over 1 million viruses. Viruses are spread from one computer to another via email, instant messaging, downloading files from the Internet, and even from using jump drives. Unless you have good antivirus software, you are putting your computer and all of your personal information at risk. There is a very comprehensive, easy-to-read review of antivirus software at <http://anti-virus-software-review.toptenreviews.com/>. One additional thing you can do to help is NEVER open an attachment or link included in an email if it is from someone you don't know or if it looks suspicious.

As if viruses weren't enough to have to defend against, you also need to protect yourself from being hacked. Hacking allows an intruder to "break in" to your computer system. They can use that data for their personal gain (such as stealing, and then using, your credit card numbers) or to use your computer system as a spam

machine. There is a short, very informative article explaining hacking, how you might tell if you've been hacked, and what actions to take if you think you've been the victim of hacking. It can be found at <http://www.pcmag.com/article2/0,2817,2375028,00.asp>.

Another thing you can do to protect yourself is practice good password hygiene. Here are a few quick tips to keep in mind.

- Use a different password for every site. Yes, it's easier to remember just a few and to keep reusing them, but if your password gets cracked once, the intruder then has access to all of your online accounts where you've used that same password.
- Change passwords often. Don't share them. Don't write them on sticky notes and leave them lying around.
- Don't use common words or dates. Don't use your pet's name, grandchild's name, where you graduated, your birthday, etc. Don't use "1234" or "qwerty" or other letters/numbers that are in order on the keyboard.
- Strong passwords contain a mix of numbers, upper and lowercase letters and special characters. They should be at least 8 characters long. You could spell a word backwards and substitute numbers/characters in the place of letters. For example: "health reform" could be changed to "Mr0f3rh+la3h". It only has to make sense to you!
- You could use a certain pattern on the keyboard, such as going counter-clockwise around the letter Y, which would be "76tg hu". You could use an acronym for a phrase or sentence: "DnFtbHtg" could be used for "Do not forget to bring home the groceries" and then throw in a number or character or two.
- Not creative? You can go to <http://www.pctools.com/guides/password/> and the computer will create a password for you based on criteria you choose.
- Not sure if it's a strong password? You can go to <http://howsecureismypassword.net/> to see how long it would take for a computer to crack the password you type in, giving you an idea of the strength of the password.
- Is all of this more than you can deal with? Maybe you should try a Password Manager. This is a program that keeps track of your passwords for you (some even create them for you). You can read more at <http://www.pcmag.com/article2/0,2817,2381432,00.asp>. PCMag.com recommends LastPass, which is free!

Protect Yourself from Facejacking

Social media, specifically Facebook, has become an integral part of our daily life. We can keep up with friends from college, family members, previous co-workers, etc. much easier than we could have ever thought possible. While that is a good thing, using Facebook and its apps/games can really put your information at risk if you don't take a few extra steps to be safe.

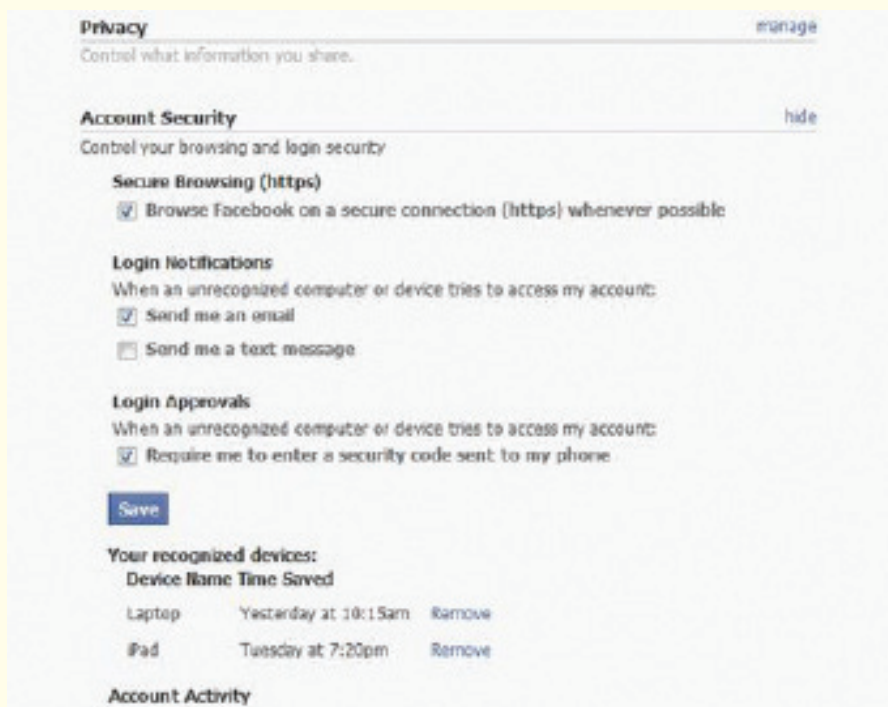
Using Facebook puts you at risk for Facejacking, which is when someone breaks into your Facebook account and edits your profile with strange, embarrassing and often offensive information. To Facebook's credit, they have features to prevent someone from breaking into your account—even if they know your password! Unfortunately not many people know about these features. Here is how to protect yourself from Facejacking...

- 1. Log into Facebook and in the top right drop-down **Account** menu select **"Account Settings"**.
- 2. In the **Settings** screen that appears, click the Change link next to **"Account Security"**. Make the following changes:

a - Tick the box to **enable secure browsing**, this will ensure that your communication with Facebook is always encrypted where possible and guard against password stealing tools.

b – Under **Login notifications**, select whether you would like an email or SMS (text message) notification when an unrecognized device tries to access your account.

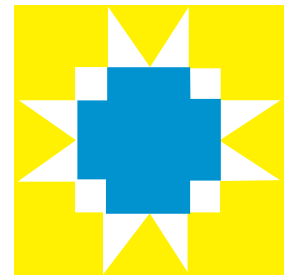
c – Under **Login approvals**, tick the box to have a security code sent to your mobile phone, and you're all set. Even if someone knows your password, they still won't be able to login without the security code. Note that when you first set this up, every time you login from a new device (laptop, cell phone, etc.) you will be required to enter the security code sent to your phone. This takes an extra 1 minute, but the security you'll get is worth it. Once you have logged in with that device you won't need to enter the security code again (unless you forget your password and have to reset it!).



– Elizabeth Shelton, APRN

Study can't explain breast cancer death outcomes among blacks

Data on more than 4,500 U.S. women indicated that 14% of white women with breast cancer died of the disease after more than eight years compared with 25% of their black counterparts. Researchers reported in the *Journal of Clinical Oncology* that obesity appeared to explain breast cancer outcomes for whites, with obese white women 46% more likely to die from breast cancer than normal-weight counterparts. They did not find a similar link among blacks, but noted the makeup of the tumor and access to care may play a role in the group's breast cancer mortality outcomes. Read entire article at kcnpnm.org/news CLICK July 27, Health News



Pat Cooper, DNP, has been accepted as a volunteer nursing school program evaluator for CCNE and started her training near Washington, DC in June.

Governmental Affairs Committee Report

The 2011-2012 Governmental Affairs Committee (GAC) has a strong list of volunteers. The mission for this year is to monitor health care policies and actions that can affect nurse practitioner practice. We are seeking information regarding organizations that support our effort to eliminate barriers to access health care provided by Advanced Practice Registered Nurses. Our goal is to be proactive; not reactive.

As always, we stand as ready supporters for any legislative endeavors. We are prepared to be direct legislative contacts at home and in Frankfort.

We welcome any newcomers and appreciate any participation in promoting access to care! Contact me or click "Join this Group" on the GAC Committee group page.

Catherine Waits, MSN, APRN
Governmental Affairs Chair
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GAC Members: Sharon A. Ruhl, MSN ANP-BC; Angie E. Stanley, APRN; Lynnelle Cain; Kathy J. Wheeler, PhD CFNP APRN; Amy Rose Terry; Angel R. Henderson, RN; Mary Carol Akers, APRN CNM PhD; Charlotte A. Bratcher, APRN CFNP; Scotty D. Combs, APRN; Diana L. Williamson, APRN; Caroline DuVall; Melinda N. Webb; Jean A. Stodghill; Carol Yaden Peavler; Rachel S. Heidenreich; Jessica L. Estes, APRN; Heather Parsley, FNP; Linda J. Ball, MSN RN; Christa Dowell; Jamie Baker, APRN; Keith Everitt, FNP; Jane Owens, FNP NP-C; Jennifer H. Hungerbuhler, APRN CNM; Sharon E. Lock, APRN; Michael Aines, FNP; Tara Nikole Tobin; Dianna H. Hand, APRN; Jonathan R. Varney, MSN APRN NP-C; Susan B. Matthews, Ph.D. NP FAANP; Kumiko Nakamura, APRN; Karen S. Scott; Tammy L. Whitehead; Carly McNeill; Elizabeth Partin, DNP APRN; Kathy Stevens, FNP CNM; Julie A. Marfell, FNP; Shelley L. Roby, APRN; Lisa Wimsatt, CNM; Kay C. Stephens, FNP; Deborah J. Whitehurst, MS PNP.

Technology Committee Update

The interfacing of the KCNPNM database and the listserv database has been completed! Now, when you want to subscribe or unsubscribe to the listserv you can just make that change on your KCNPNM profile and the lists will synch automatically every night (instead of waiting on me to make the changes manually). This also means that when your membership expires you will be automatically removed from the listserv until you renew. You will still need to email tech@kcnpm.org if you want to change to digest mode (a twice weekly compilation of listserv posts) or if you want to suspend delivery while on vacation.

There are still a few Internet Service Providers that are blocking the listserv messages as spam. Insightbb.com, aol.com, and Newwavecomm.net are blocking us and Uky.edu is blocking some of our messages. I have posted instructions on our website on how to try to resolve this problem—they can be found by signing in, hovering over MEMBER RESOURCES then clicking on LISTSERV.

Updates have been made to our member profile options and Interest Groups. Highest Education has been updated to include Master of Science. Practice Setting has been updated to include Hospital and Education. Several new Subspecialties have been added—CNS, Education, and nine pediatric subspecialties. If you find that there isn't

an option for your practice setting or subspecialty, please send an email to tech@kcnpm.org.

It is inevitable that our listserv will occasionally receive an email that is the result of spamming or of a virus on someone's system. NEVER open an email or click on a link that looks suspicious—even if it comes across the listserv. Leila and I both receive all listserv posts and as soon as we see something questionable we suspend that member's email from the listserv to prevent more messages from coming through. We then contact that member alerting them to the possibility of being hacked or having a virus, and as soon as they get the issue resolved we add them back to the listserv.

Our committee will be discussing ways to encourage member interaction related to special areas of interest such as: Telemedicine; Mobile Health Units; Long Term Care; and Limited Service Clinics as well as utilizing social media in conjunction with our website.

Beth Shelton, Tech Committee Chair

‘Human factor’ often overlooked in home health device creation

The National Research Council believes that home health device manufacturers don't give enough consideration to human factors like ease of use when creating their technology, according to a report released this week. The report, commissioned by the Agency for Healthcare Research and Quality, also calls on government agencies, in particular the U.S. Food and Drug Administration and the Office of the National Coordinator for Health IT, to work together more closely in regulating such devices, as well as any accompanying applications. Patients and caregivers should be able to use such devices easily and also should have a mechanism for providing feedback on their design flaws, the report notes. At a time when hospitals and healthcare systems are placing increased emphasis on post-acute care, the report's recommendations highlight wide gaps that currently exist in home care regulations. Among the study's specific recommendations:

- ONC, AHRQ and the National Institute of Standards and Technology “should establish

design guidelines and standards...for content, accessibility, functionality, and usability guidelines” for information technology used in home care, such as personal health records and patient portals.

- To improve FDA's understanding of user difficulties with home health devices, the agency should improve its adverse events reporting system so that it can collect data from both “lay users” and professionals.
- The FDA, in conjunction with device manufacturers, should develop a database to guide physicians in prescribing home health devices appropriately.
- Caregivers should be well-trained in home care and in using home health devices.

NRC's announcement was made one day before the FDA released its draft guidance for mobile medical applications. Read entire article at kcnpm.org/news CLICK July 27, Health News

CDC reports rise in state obesity rates

Adult obesity rates reached 30% or more in 12 states last year, up from nine states in 2009 and none in 2000, according to data released last week by the Centers for Disease Control and Prevention. Alabama, Arkansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas and West Virginia reported adult obesity rates of 30% or more in 2010, and no state reported a rate of less than 20%,

based on the state-based Behavioral Risk Factor Surveillance System survey. “We must continue our efforts to reverse this epidemic,” said CDC Director Thomas Frieden, M.D., noting that heart disease, stroke, type 2 diabetes and certain types of cancer are obesity-related.

State Award for NP Excellence

The Call for Nominations for the 2012 AANP **State Award for Excellence** will open on August 23, 2011. This prestigious award is given every year to honor NPs and NP advocates in each state. The **State Award for NP Excellence**, founded in 1991, recognizes an NP in a state who demonstrates excellence in their area of practice. In 1993, the State Award for NP Advocate Excellence was added to recognize the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of NPs in their state. (NPs are eligible to receive Advocate awards for contributions not related to their practice, i.e. legislative leadership, etc.) Award recipients are honored at venues in their state during the year and are recognized at the AANP National Conference. For more information contact Beverly McLemore at bmclmore@aanp.org.

Around the

Paducah Area

The Paducah Region has been busy this quarter. Members attended the Conference in Covington in April as well as local meetings in May and June.

Several members were involved in the Drug Take Back program in April. Members, along with local law enforcement and Four Rivers Behavioral Health, provided drop-off location for used and expired medications in Paducah and Mayfield. Several hundred pounds of medications were collected and disposed of safely. Drop-off boxes remain available at these local police departments throughout the year. We plan on expanding drop-off community events and continuing to coordinate efforts with local law enforcement and Four Rivers Behavioral Health. We hope to get expired and discontinued medications out of home medicine cabinets and into the drop boxes to help prevent abuse and medication errors in the home.

Twenty-five members attended our May meeting in Kuttawa, KY where one of our local NPs, Ann Matejcek, presented "Improving Glycemic Control for a Patient with Type 2 DM." We discussed efforts of a local primary care physician group hiring a lobbyist to block any NP legislation proposed in KY. Members were encouraged to consider becoming more financially and personally invested in continued attempts to remove our collaborative practice agreement requirement. Members were also notified of a Pharmacology Update that was held at Murray State University in Murray on July 22nd.

Our June meeting was held in Murray, KY with Dr. Kenneth Kirsch PhD. Nineteen members attended Dr. Kirsch's presentation of "Advance in Multinodal Analgesic Therapy" with the use of tapentadol or Nucynta. Dr. Kirsch and Amy Fennel, APRN, KCNPNM Vice-President, are involved in a grassroots organization with interest in the possible removal of acetaminophen from several narcotic pain medications and moving all hydrocodone medications to Schedule II. They will keep us updated on any proposed changes. Members voiced concern regarding further limitation of prescriptive authority and access to care issues this would create. Members were asked to volunteer for the upcoming political breakfasts and debates to be held in Mayfield and Fancy Farm at the annual Fancy Farm Picnic on Saturday, August 6th.

Members from other regions are encouraged and welcomed to attend the annual political breakfasts and Fancy Farm Picnic along with us. This is a wonderful way to meet our state legislators and to briefly discuss our legislative concerns. The breakfasts are held in Mayfield, KY. Each political party has a breakfast at one of the local high schools for a nominal "contribution" to the party of choice. The Fancy Farm Picnic includes political debates, BBQ pork, and a Fun Run/Walk, among many other activities. Please contact Dianna Hand, APRN, FNP at drhand@wk.net if you would like to attend and represent Kentucky APRNs.

Owensboro Area

Summer greetings from Region 2! Our group has experienced three informative and interactive meetings this quarter. Two took place in Owensboro and several of us met at conference. We have had good attendance at local meetings. Besides presentation of educational programs, we have discussed current and local events. Congrats

to our new grads. Good luck to all of you. Our next meeting is scheduled for August and will be posted on the website.

Judy Carrico, APRN

Louisville Area

Greetings from planners, Alyce & Vaughn. Our last program on Osteoporosis was well-attended, and very informative. Our August 23rd program will be at the Marketplace with a speaker from Nashville. We have several more programs scheduled for the fall. Also, I volunteer at Family Care Clinic, a free neighborhood clinic at St. Joseph's Church in Butchertown on Saturday mornings. It is available for uninsured children & adults with Spanish-speaking providers available.



My co-worker, Sheila Ward, shared her experience in Africa with us. "The best word to describe my recent trip to Kenya Africa is 'intense.' I traveled with friends from the Social Justice committee of Thomas Jefferson Unitarian Church. We have been supporting 70 orphans since 2004. They are in 18 boarding schools from 4th grade through college. I personally interviewed (on video) 69 children on behalf of their American sponsors. Overall, the children are absolutely thrilled to have a sponsor, to be able to attend school, to be fed 3 meals a day. They are grateful for every mouthful. They crave letters from sponsors, and are just thrilled to get an annual package containing a letter, a tee-shirt, toothbrush, a book, and bookmark. On the downside, when asked to talk about their Kenyan families, the sadness is apparent. When on break from school, they are sent to "guardians" who often cannot feed or house them. They experience many, many stressors that American children would never face, especially hunger. The challenges seem overwhelming. Some of our team worked in a medical camp, treating everything from asthma to leprosy. If you ever feel that your work is tiresome, that you are not fully appreciated, I recommend joining a medical mission in a third world country. I could change your life. It did mine.

Sheila Ward CNM, PMHNP

Elizabethtown Region

Greetings from the E-town region. I hope everyone has had a great summer vacation. Things are a little slower in the office this time of year which give a much needed rest for some. Please join us as we resume our meetings on August 30. This will be a sponsored meeting - watch your emails for location. Hope to see you then. We plan to have a busy late summer and fall thanks to your continued support and suggestions.

Kathy Stevens

Bowling Green Area

Region 4 has two new co-directors who assumed the role in May after Kim Britt and Lorie Wardlow stepped down from this responsibility they managed so well. They so kindly laid the groundwork for us by arranging a sponsors for the remainder of the year. A big warm thank you goes to both of them for their commitment to our region over the last several years. We started out this new endeavor with a meeting in May learning about the postmenopausal treatment options for osteoporosis, with an emphasis on Reclast. We ran into a small bump in the road when the sponsor stated he would have to ask NPs to leave the meeting if their name was not on the company's call list or if the NP worked in a specialty area unrelated to the treatment of osteoporosis. New pharmaceutical guidelines are tightening the freedom of drug companies to sponsor these dinner programs. We are likely going to see this become more and more problematic with all the upcoming changes in healthcare. The June program was very educating with a presentation by Dr. Fox Jones from Louisville who started the Colon Cancer Prevention Project which funds colonoscopies for the insured and uninsured. He also covered various bowel prep options. We hope everyone is having a safe and joyous summer.

Heather Parsley

Lexington Area

After 5 terrific years as KCNPNM Region 5 Director, Bobbie Damron has decided to resign her position. We wish her well as she devotes more time to her family, her MediSpa Practice, her evolving Rural Health Primary Care Practice, and her faculty position. What a woman, what an APRN! Thank you Bobbie, for your many years of service.

As she steps down, we are excited to step in, as co-directors for the Lexington region. We look forward to the challenge of planning educational & networking opportunities. Anticipate monthly regional meetings, on either a Tuesday or Thursday evening. There will be no meetings in August, December, or April. Meeting information and registration link can be found on the event calendar of the KCNPNM website. As a courtesy to our sponsors, if you register for a meeting, and then you find you will be unable to attend, please call the phone # provided as soon as possible.
Tracy Moore & Lu Tuggle

Ashland Area

The Ashland Group has had meetings April and June. The April meeting was used to reconnect Ashland members and introduce new ones. We were able to acquire enough things to contribute a basket for the auction at the conference in Covington. The June meeting was sponsored by Pfizer at the Chimney Corner in Ashland. We plan to have meetings every other month, the next being in August, with some meetings being sponsored and others just to network. We are trying to recruit new members, so we are looking for ideas to help with this. If you have questions, comments or suggestions you are more than welcome to contact me at any time.

Tammy Wellman

Danville Area

Greetings to all from the Danville Region! Although I've heard great things about the conference in April I was unable to attend due to the fall and subsequent surgery of my mom. We have not met since conference time. Our annual continuing education update on pharmacology will be September 10th at Ephraim McDowell Regional Medical Center. Watch for more information to come. A pertussis outbreak over the winter was challenging for all providers in the region (25+ cases), with the initial case being diagnosed by one of our astute own! It was taxing for a while but finally calmed and now summer seems in full swing. APRNs in this region have been gracious about volunteering services to ensure student athletes are able to participate in sports. We welcome new members in the area and hope to see the region continue to grow.
Eva Stone

Hazard/Prestonsburg Area

A special program titled Care of Victims of Sexual Assault was presented at the February 12, 2011 Region 8 meeting. Content included clarification of sexual offenses as well as the role of providers in assuring safety and appropriate health care. The speaker was Alicia Cook, APRN, SANE-A, SANE-P.

On June 11, 2011 a Region 8 meeting was held at Hazard Appalachian Regional Medical Center to discuss plans and goals of the region. Participants included brand new graduates as well as 'more seasoned' members so the conversation was LIVELY. Discussion topics included ideas on what to include in the an APRN Employment Contract, Reimbursement Issues, Home Health/Durable Medical Goods Information, the upcoming DOT Examination Certification Requirements, and the most recent KRS Anti-Bullying Law. Members were encouraged to utilize the KCNPNM on-line community to keep abreast of APRN issues.

Somerset Area

After several years of dedicated service, Donna Campbell has resigned her role as regional director. If you live in the Somerset area and want to learn more about the responsibilities and benefits of this position, contact Leila Faucette at admin@kcnpm.org or 502.333.0076.

London/Corbin Area

I would like to thank the KCNPNM to allow me to serve as the Regional Director for the London Corbin area. I am really excited about the next year and I am looking forward to meeting members and reconnecting with old friends. I have been doing some brainstorming with fellow Nurse Practitioners to come up with some ideas for meetings, topics of interest and would love input. I have planned a meeting for August that will be a "Journal Club" type format that will include a broad spectrum of topics. I have several great people lined up that have agreed to present articles and we plan to have a pot luck dinner as well. I hope everyone will take this opportunity to get out of the office early and meet and connect with others. Members are encouraged to attend and share your experiences.

Lisa Collins CNM APRN

AHRQ: Heart disease, cancer most costly adult medical conditions

Heart disease was the most costly adult medical condition in 2008, accounting for about \$90.4 billion in health care spending, according to a new report by the Agency for Healthcare Research and Quality. Cancer was the second most costly condition, accounting for about \$71.4 billion in spending and the highest expenditure per person. Among women, spending for mental and trauma-related disorders ranked third and fourth, followed by osteoarthritis, asthma, hypertension, diabetes, back problems

and hyperlipidemia (high cholesterol and other lipid levels). Among men, spending for trauma-related disorders and osteoarthritis ranked third and fourth, followed by mental disorders, diabetes, hypertension, hyperlipidemia, asthma and back problems. The findings are based on data from the 2008 Medical Panel Expenditure Survey, sponsored by AHRQ and the Centers for Disease Control and Prevention.

This year for the first time the American Holistic Nurses Association met in Louisville June 2-5th.

The theme Holistic Nursing: Tending to the Sacred Flow of Life reminds us that nursing is an integral part of each patient's intimate moments throughout the life cycle. The conference began in true Kentucky style with the Call to the Post by none other than Steve Buttlerman, the bugler from Churchill Downs. He also welcomed conference attendees with My Old Kentucky Home. Each of the keynote speakers gave a preview of their upcoming presentations. Joan Borysenko shared her message of putting the "soul" in healthcare. Kitty Ernst, from the Frontier School of Midwifery, shared some powerful thoughts of how nurses can make changes as we work in various healthcare settings. She reminded us that the acute care setting was meant for high risks births (15 percent)—yet we have forced the other 85 percent of women into a less-than-natural atmosphere for birthing. Kay Sandor reminded us of the integral healing moments related to end of life issues where death is a natural process, not a failure of the medical system. The attendees took a few moments to create an intention for each to have a powerful conference. We acknowledged the incredible difference that we can make collectively!

We connected through sharing circles, enjoyed quiet moments in the reflection room and took some self care time with many new and exciting early morning activities. We were welcomed by Dr. Alex

Gerassimides, wife of the Mayor of Louisville who presented a proclamation claiming June 3 as Holistic Nurses Day in Louisville. Over 200 people joined the drumming ceremony and experienced the healing vibration of the drums. Bob Laake and Sharon Murdane joined together to make it one of the most memorable drumming ceremonies we've had. The banquet Saturday night provided surprise give aways of horses and Derby hats. Many decorated their own beautiful hat or sunglasses and donned these at the banquet. Such fun it was to honor Bea Alley and "dance like no one was watching!"

The conference was rich with opportunities to learn from expert speakers and presenters. Our passions



KITTY ERNST

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Harambee Nurses Teach Lifesaving CPR Skills to Louisville's Underserved Residents

The Good Samaritan Foundation, Inc. recently awarded \$8,131 to Harambee Health Center to assist in reducing preventable deaths in the Smoketown community of Louisville, KY by teaching residents to perform CPR, give First Aid, and prevent injuries. In addition to teaching CPR for Family and Friends and CPR Anytime to community residents, Harambee will provide CPR Heartsaver, First Aid, and AED education to persons working in small low-income businesses such as child development centers and day care. On November 9, from 5:30 to 8:00 PM, Harambee, AKA Sorority and Louisville Metro Emergency Medical Services will hold a community health care fair that focuses on CPR, First Aid and Prevention. The event will be held at Harambee's partner organization, the Presbyterian Community Center. Nurses in Region 3 who would



like to volunteer to enhance this project are invited to contact Kay Roberts at kay.roberts@louisville.edu or call 502-584-0201 for more information.

American Holistic Nurses

(Continued From Previous Page)

for healing were once again re-ignited. Exhibitors shared products and services that can greatly enhance our patient care and self care. Over 300 treatments were given to conference participants during the "Nurture the Nurse" segment, thanks to 31 practitioner volunteers. A powerful closing ceremony allowed us to join our hearts and hands to savor the energy of the conference and carry us until next year. We know "It's in every one of us..." to carry the spirit and love of holistic nursing until we meet again next year!

Finally, the post-conference trip to Churchill Downs was great fun! AHNA sponsored the 8th race which was named "Making a Difference with Holistic Nursing." When we looked at the horses for this race we were immediately drawn to The Perfect Light. Of course we had to bet on this horse and we believe our collective energies and excitement propelled this horse to win. And the owner's wife was a nurse. It just doesn't get any better than that.

We look forward to seeing you at next year's conference in Snowbird, Utah, June 13-16, 2012.

AHNA, founded in 1981, advocates a mind-body-spirit-emotion approach to heal nurses, patients, and the healthcare system. An organization of 5100 plus, we promote and advance holistic healthcare through professional development, advocacy, research and education. Holistic nursing was recognized by the American Nurses Association as an official nursing specialty with defined scope and standards of practice in 2006. To get involved locally in KY/IN/OH please go to www.khna.net To learn more about AHNA go to www.ahna.org

Respectfully submitted
Kim Evans, AHN-BC, CNAT, 2011 Conference
Chair
Mary Perry APRN

Remove scope-of-practice barriers

The IOM Report and APRN Advocacy

Last October, the Institute of Medicine published The Future of Nursing: Leading Change, Advancing Health. This IOM report has caused a stir within and without the nursing community. It has added substantially to the growing body of evidence that supports removing unnecessary barriers to practice for nurses, especially APRNs. In the forward to the 500+ page report, Dr. Harvey V. Fineberg, M.D., Ph.D., President of the Institute of Medicine, wrote that this document “will serve as a blueprint for how the nursing profession can transform itself into an ever more potent and relevant force for lasting solutions to enhance the quality and value of U.S. health care in ways that will meet the future health needs of diverse populations. The report calls on nurses, individually and as a profession, to embrace changes needed to promote health, prevent illness, and care for people in all settings across the lifespan”.

The IOM report includes four (4) key messages that provide the framework for eight recommendations. (To obtain more information or to read the full IOM Report go to: <http://www.thefutureofnursing.org/recommendations>)

KEY MESSAGES

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The first recommendation from the IOM Future of Nursing Report is: “Remove scope-of-practice barriers. *Advanced practice registered nurses should be able to practice to the full extent of their education and training.*”

Under the first recommendation, the report details changes that will be necessary on both the state and federal levels in order to accomplish this goal. Some of these include:

- Changes in Medicare to include coverage of APRN services
- The same Medicaid reimbursement rate for APRNs and physicians for primary care services
- Reform state nursing laws to conform with the National Council of State

Boards of Nursing APRN model rules and regulations

As part of its on going mission to assist APRNs in the delivery of quality, accessible, and affordable health care, KCNPNM is partnering with the Kentucky Nursing Capacity Consortium (KNCC) to promote and implement the IOM Future of Nursing recommendations. For those of you who are not familiar with KNCC, membership in this group includes Kentucky nurse educators, a nursing representative from the Kentucky Hospital Association, and representatives from KCNPNM, KNA and KBN. Jane Kirschling, Dean of the UK College of Nursing, chairs KNCC. While this group will address all the IOM recommendations, currently, the focus is on Recommendation #1 – Removing scope of practice barriers.

Recently, some national groups have come out in favor of removing barriers to practice for APRNs. In December 2010, The Florida Office of Program Policy Analysis and Government Accountability (OPPAGA) published a paper entitled Expanding Scope of Practice for Advanced Registered Nurse Practitioners, Physician Assistants, Optometrists, and Dental Hygienists. In this paper, the OPPAGA reported “estimates of potential cost savings from expanding ARNP and PA scope of practice range from \$7 million to \$44 million annually for Medicaid, \$744 to \$2.2 million for state employee health insurance, and \$339 million across Florida’s health care system”.

The Federal Trade Commission (FTC) has issued two rulings this year addressing barriers to APRN practice in Florida and Texas. In both cases the FTC favored less restrictive laws citing research demonstrating that APRNs provide quality, cost effective care.

In addition to the FTC and IOM, the Macy Foundation and AARP have recently come out in support of removing barriers to APRN practice. All of these major national groups state that allowing APRNs to practice to the full extent of their education and training will improve access to care and help to reduce costs.



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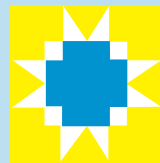
Remove scope-of-practice barriers

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There are now 17 states plus Washington DC that grant APRNs independent practice. In Kentucky, we are working to change laws that prevent APRNs from practicing to their full potential. Bills were introduced in the 2010 and 2011 Kentucky General Assemblies to remove the requirement for the Collaborative Agreement for Prescriptive Authority for Non Scheduled Drugs (CAPA-NS). The 2010 bill contained provisions in addition to removing the requirement for the CAPA-NS. While we did not succeed in removing the CAPA-NS, the other provisions of the bill, adding APRNs to statutes that had previously only listed physicians, did pass. Additionally, in 2010, the KBN bill implementing the National Council of State Boards of Nursing APRN Consensus Model passed. In 2011, the bill to delete the requirement for the CAPA-NS passed out of the Kentucky House by a wide margin, but was blocked in the Senate.

The momentum is building. The evidence is clear, bountiful, and overwhelming. APRNs provide quality, cost effective care and the need for their health care services is growing. As we move into the future, it will be important for APRNs in the Commonwealth to continue their strong grass roots support and dedication to removing barriers that prevent improved access to care for all Kentuckians.

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Kentucky Coalition of Nurse Practitioners & Nurse Midwives

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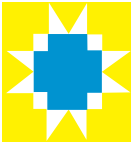
Take a walk with me: Patient mobility shortens length of stay

Walking patients can help improve the care of older adults and shorten length of stay, according to recent studies. Researchers at the University of Texas Medical Branch at Galveston found that elderly patients who walked at least 600 steps during the first to second day were discharged 1.7 days earlier than those who did not, according to a new editorial published in the Archives of Internal Medicine. Patients wore walking monitors to test the general rule of thumb that “getting back on your feet” would help patients. “Mobility is a key measure in older people’s independence and quality of life generally, and this study suggests that’s also true in the hospital setting,” said lead study author Steve Fisher, a UTMB Health assistant professor, in a press release. “When we hospitalize elderly people, we set up a paradoxical situation: you can have a positive outcome of the acute problem that brought them there,

but still have negative consequences as a result of extended immobility.” Other studies have also touted the benefits of higher mobility in hospitalized patients. For instance, research found that, on the flip side, low mobility during hospitalization can add to functional decline in older patients, according to a recent Journal of the American Geriatrics study. With a close eye on cutting readmission rates, hospitals may be examining low-cost ways to improve care.

Read entire article at kcnpm.org/news
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