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Washington NPs Rank #2 in Nation

By Ann Darlington

Recently a friend and midwifery colleague pulled me aside and said, "So Annie, tell me why I should pay ARNPs United 100 of my hard-earned dollars to be a member." The answer came easily, since I had brought to work that day the April 2007 issue of *The AJNP*. My response was, "Check out this article and you will realize what we have achieved over the last 2 decades, especially the last 5 years... and then tell me if you think that kind of success is worth your money."

Titled "*Ranking State NP Regulation: Practice Environment and Consumer Healthcare Choice*," and written by an expert panel of nurse practitioners, the article reviews their study of the regulatory environment for NP practice and consumer healthcare choice in each of the 50 states, plus that other Washington (D.C.). For 19 years, Linda Pearson (a Family Psychiatric Mental Health NP) has painstakingly accumulated information on NP legislation, scouring each state's Nurse Practice Act, rules and regulations, and pertinent government, policy and reimbursement data. (The latest report was published in February '07 in *AJNP*; see <http://www.webnp.net/ajnp.html>.) The authors of the rankings article used Pearson's data and assigned points to each of 3 domains, then ranked the states. The maximum achievable score was 100 points.

The domains ranked were: 1) [30 possible points] *The environment affecting consumers' access to NP providers*; examples given: no excessive requirements for NPs to enter into practice; scope of practice not encumbered by other professions; 2) [40 points] *The environment affecting reimbursement and NPs' patients' access to related healthcare services*; eg: no legislative prohibitions against hospital privileges and 3rd party reimbursement; no oversight requirements; and 3) [30 points] *The environment affecting NPs' patients' access to prescriptive medications*; eg: no protocols or practice agreements; patients have full access to prescriptions; NPs are authorized to receive and dispense pharmaceutical samples.

I was overjoyed that our state ranked in the top tier, labeled "Grade A: State is exemplary for patient choice". We scored 98 points out of 100, second only to Arizona. Being a rather competitive sort, I wanted to know where we lost those 2 points. My suspicion that it was related to limited *dispensing* of samples (handing medications out of your stock, which is not the same as *prescribing*) was confirmed when I called Nancy Rudner Lugo, lead author of the article.

She told me that the authors worked for 3 months on the article, taking great care to appropriately weigh the issues and assign points. Due to our regulated limit of dispensing 72 hours' supply of controlled substances [see accompanying article], we lost 2 of 5 possible points in the area of "receiving and dispensing pharmaceutical samples for patients." Nancy recommended we focus on the effects of this limitation on consumers, and in general, take care not to get too comfortable with how things work now, rather than envisioning how they could be better. "With hindsight," she said, "what felt progressive at one time can look surprisingly archaic later." Her hope is that comparing and ranking states will not be misunderstood or taken as undue criticism by NPs disappointed by their states' ranking. Rather that discussion begin with NPs sharing and helping each other, ultimately leading to wider practice opportunities and increased patient access to NP services. We fantasized about a roundtable discussion that would include representatives from states "A through F", where we could share the challenges and joys of practicing in each state. (Now there's a worthy dream: working together to raise the bar for NP practice environments all across America.) The never-ending effort of simply holding on to our political gains can be exhausting, not to mention trying to move ahead. Nancy shared a political axiom that surely rings true: "*If you're not at the table, you're on the menu.*"

In many ways, that's what AUWS tries to do for NPs and their clients: stay alert, involved, proactive whenever possible, and reactive when necessary. Be a player; hold a place at the table. As with everything else, that requires time and money. If you've got the time, we'd love to have your help. And if you can spare money to help fund our lobbyists, website, newsletter, membership drives, and everyday business operations, you will help keep us going. Recall where we've been in but one arena, that of Prescriptive Authority for ARNPs: first, no prescriptive authority, then legend drugs only, then all drugs with a Joint Practice Agreement with a physician, and finally, no JPA. And let's look ahead to where we should go next with prescriptive authority: remove the last restriction of limited dispensation of drugs. There's much more in AUWS's history of successes (consider L & I coverage and medical malpractice efforts), and always new challenges yet to be faced by your professional organization, like parity payment for services billed to private and public health insurance.

I'd say that's worth at least a hundred bucks a year.

Dispensing Medications and Our Prescriptive Authority

Ann Darlington

ARNPs in WA State do have one vestige of restriction on our prescriptive authority (RxA). We are limited by rules that state, "The dispensing of Schedules II through IV controlled substances subject to RCW 18.79.240(1)(s) is limited to a maximum of a seventy-two-hour supply of the prescribed controlled substance" (section 18.79.255).

Here's how that came about: In 2000, we finally passed a bill giving ARNPs RxA for all drugs, including Schedule II-IV controlled substances. To do so, we had to agree to two compromises: a Joint Practice Agreement (JPA) with a physician, and the 72 hour limit on *dispensing* (directly giving meds from your supplies, typically free samples), which allowed patients 3 days' time (i.e., a long weekend) to get a prescription filled. The physicians and pharmacists who opposed our RxA claimed (without evidence) that these constraints would keep the public safer from undereducated prescribers and more abusable drugs on the streets. In 2005, we passed a bill eliminating the JPA and did not address the 72 hour rule for 2 reasons: we did not want to jeopardize passing the JPA removal bill, and the impact on patient access would be minimal, since we dispensed very few controlled substances from our clinic supplies.

Things have changed. Many scheduled drugs are now available as samples; eg, the antiseizure and neuropathic pain med Lyrica comes in a sample package of 30, and the sleep meds Lunesta and Ambien CR come in sample cards of 7 tabs. Samples are often used to start a med ASAP or to try out an expensive med for efficacy, sparing patients unnecessary costs if the med is not right for them. To comply with the 72 hour rule, samples would have to be opened and repackaged, and excess tablets "wasted", actions that do not enhance patient safety, or medication efficacy and availability.

Therefore, in the interest of increasing patients' access to medications, saving them money as we determine the right medication, and maintaining medication safety, AUWS will work in the coming legislative session to remove the 72 hour dispensing rule. Not to mention the medication side effect of challenging Arizona for that #1 spot.

Success Stories

Listening

Allegra Klein

Kris Swanson's Caring Theory is a method of framing how we communicate with patients. The five concepts (Knowing, Being With, Maintaining Belief, Enabling,

and Doing For) are applicable to care in the ambulatory setting. This month, I will illustrate the use of the theory as it intersects with understanding the health care beliefs and practices of a mother.

Kay entered the room with her three year old, Helen. Helen was clearly engaged in her world, asking questions, playing store, and hugging her mother warmly. Kay said that Helen had been sniffing off and on for more than two weeks. She has had no fever with this illness and she is eating and playing normally. However, today, she began to complain of ear pain. She has had a number of episodes of otitis media this year. On exam, Helen was calm and cooperative. She had a clearly bulging tympanic membrane, and absent tympanic mobility of pneumatic otoscopy, and I told Kay about diagnosis.

Before I could explain more or discuss a plan, Kay thanked me for the diagnosis, and began to tell me what she planned to do about this problem. Kay said that she would take Helen to a cranial sacral therapist who specialized in pediatrics tomorrow. I thought about interrupting. I wanted to move toward my plan.

I also thought about the importance of maintaining belief in a patient, treating the patient as a valuable part of the health care team, and listening respectfully enough to get all the information about home remedies and treatments. Mary Ann Osborne Schwenke, Family Nurse Practitioner, who teaches in the Complementary and Alternative Medicine Certificate Program at the University of Washington, stresses that when evaluating complementary therapy use, it is important to weigh the risks of a complementary therapy with the benefits, compare that to the current allopathic treatment outcomes and risks, and seek the opinions of an expert in integrative medicine so that we can share evidence about various modalities with our patients.

Listening to patients and assessing their world view includes understanding how they want to utilize traditional health care. Patients differ in what they want and need from a health care provider. As a provider, I want to maintain an open mind, and 'partner' with my patient, showing them compassion and respect. Over 30% of patients utilize some form of complementary care, and providers often do not get the full picture of patient efforts to treat themselves.

In asking about health care behaviors, it is important to specifically inquire about the use of acupuncture, neuromuscular therapy, cranial sacral, osteopathy, chiropractic care, healers, herbs, and vitamins. Related to this, the way we ask will define our relationship with this patient, build trust and cause the patient to take an inventory of their own self care beliefs. As we engage in this discussion, we may hear information far different

from the traditional approach, and we may need to re-research current studies on the modality. There are many resources based on studies and research available including consulting with an integrational health specialist from the University of Washington CAM program.

References:

- Kligler, B., Lee, R. (2004). *Integrative Medicine: Principles for practice*. New York: McGraw-Hill.
- Maizes, V., Koffler, K., and Fleishman, S. (2002). *Advances* (18)2, 31-34.
- Swanson, K. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 151-166.

CE Opportunities

Pacific NW 30th Annual Conference for Advanced Practice in Primary and Acute Care

November 7-10, 2007 • 6.0-20.5 contact hours • Washington State Convention & Trade Center, Seattle, WA

Enhance your clinical competencies • Acquire new assessment and management skills • Examine critical issues at the state and national level and their impact on primary care practice • Foster a strong coalition of primary care providers • Learn about new products, services, and pharmacotherapeutic agents at this highly-acclaimed conference.

For information call CNE, 206.543.1047 or email: cne@u.washington.edu or uwne.org

Update in Practical Pediatrics

September 20-21, 2007 • Full day Thursday, Half day Friday • Woodmark Hotel, Kirkland

Special room rates available at Woodmark Hotel. \$155 both days - individual day rates available. Brochure available at www.providence.org/everett/medical_staff/default.htm

For further information contact: Jeri.Sackett@Providence.org

Classified Ads

Seeking Certified Nurse Practitioner

Nurse Practitioners at Evercare give wholeheartedly to their patients. And in return, they experience a career filled with rich personal rewards and true satisfaction. Evercare's success is driven by our Nurse Practitioners who share an ultimate goal of caring for the needs of the whole person. We invite you to join them in their mission. We invite you to make a difference.

We are experiencing exciting growth in Seattle and are actively seeking nationally certified **NURSE PRACTITIONERS** to provide direct care services to our members residing in long-term care settings. Manage your own caseload while collaborating with physicians and facility staff to maintain the health and well being of our enrollees. This role requires clinical experience in home care, long-term care or geriatrics. Recent NP graduates with experience as an RN will also be considered. DEA licensure is a plus.

Explore www.theheartofcaring.com - a resource designed with you in mind. Learn more about Evercare's culture of caring, and apply online if you choose. If you prefer, contact Mina Koukklan toll-free at 877.835.3156, ext. 2596, mkoukklan@uhc.recruitservices.com or fax your information to 877.464.3239. Evercare offers a full range of comprehensive benefits.

Diversity creates a healthier atmosphere: equal opportunity employer M/F/D/V.

Family ARNP

Family ARNP is needed at Tenino Family Practice for a full time position. New provider will take on patient population of departing ARNP. We are a friendly office that has been established for 22 years. We were designated a Rural Health Clinic in 1998, and have had a nurse practitioner since then. At that time we moved into a new building. Benefit package includes malpractice insurance and medical-dental-vision insurance. After three years employees are eligible for a SEP-IRA plan.

Our patient population is greatly varied and includes Medicaid, Medicare and private insurance. We emphasize a high standard of care for all of our patients from birth to death. To help give our patients the best care, the MD and ARNP meet weekly to discuss difficult issues amongst patients and standards of care. TFP also participates in a Diabetic Collaborative, which assists us in giving comprehensive care to our diabetic population. We use a recall system to help schedule routine appointments. Practice pace is adjusted to allow for thorough care.

Tenino Family Practice, PO Box 4020, Tenino, WA 98589

Phone: 360.264.5665 Fax: 360.264.5666

ARNP For Urology Practice

Multi-specialty group seeks an ARNP to join a thriving Urology practice. Experience or training in Urology is preferred. Candidates must be qualified for licensure & certification in Washington State as an ARNP. You will enjoy excellent compensation, benefits, and system-wide support, while practicing your own patient care values. Located 35 minutes south of Seattle and 30 minutes from an international airport, Tacoma and the surrounding communities provide a broad range of educational and cultural activities for all ages. Nestled between the Cascade Mountains and the shores of Puget Sound, the region's year round temperate climate affords outdoor enthusiasts endless recreational opportunities, such as biking, hiking, climbing, skiing, and golfing. For more information regarding this fantastic opportunity, contact Provider Services @ 800-621-0301 or send your CV to blazenewtrails@multicare.org.

Please reference opportunity #554-716.

"MultiCare Health System is proud to be a drug free workplace"

Neurosurgical ARNP wanted: Puyallup, WA

Busy neurosurgical/interventional pain practice with offices in Puyallup/Tacoma/Federal Way, WA, looking for experienced surgical ARNP who wants to do it all. Duties include clinic, surgical first assist, hospital rounds, and some call coverage. Interest in research coordination a definite plus. Innovative and supportive surgical practice environment with on-site MRI, interventional pain service, and ambulatory surgery center.

Located 30 minutes south of Seattle, the area has excellent restaurants, a wide range of cultural events, and unparalleled outdoor activities with mountains, salt and freshwater access.

Excellent benefits for family medical/dental plans, 401(k), salary DOE. Interested parties send your CV, letter of interest and references to: Hiroshi Nakano, Chief Executive Officer, South Sound Neurosurgery, PLLC, 1519 3rd Street, Suite 101, Puyallup, WA 98372, by email at hnakano@southsoundneurosurgery.com or fax to 253.445.0756

Healthy Humor

Let There Be Light

How many Psych NPs does it take to change a light bulb?

One, but the light bulb really has to want to change.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$550 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

Inspirational Quote
You're happiest while you're making the greatest contribution.
Robert F. Kennedy

ARNPs United of WA State
10024 S.E. 240th St., Suite #102, Kent, WA 98031
253.480.1035 Fax: 253.852.7725
Email: au@nurse.net Web site: www.auws.org

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10024 S.E. 240th St., Suite #102, Kent, WA 98031
253.852.9042 Fax: 253.852.7725
Email: care@nurse.net Web site: www.nurse.org/wa/arnpcare

Editors:
Robert T. Smithing, MSN, ARNP
Madeline D. Wiley, MSN, ARNP
ARNPs United Contributing Editors:
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Ann Darlington, CNM, ARNP (President)
Allegra Klein, ARNP (Newsletter Chair)
Production Staff:
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