

Advanced Registered Nurse Practitioner Care

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Official Newsletter of ARNPs United of Washington State

November 2009

AUWS Election Results

ARNPs United of Washington State just completed an election to add new members to our Board of Directors.

Robyn Choffel, FNP; Kristi Farrell, FNP and Deb Smith, FNP were re-elected to the AUWS Board of Directors. Sarah Martenstein, NNP was elected to her first term. She will take office in January 2010. Jeanne Boudrieau, FNP will be leaving the board.

Insurer Contracting Policies Threaten Success of Health Care Reform

At a time when improving access to primary care is crucial, less than half of managed care insurers routinely recognize nurse practitioners as primary care providers.

A study conducted by National Nursing Centers Consortium (NNCC) has found that nearly half (48%) of all major managed-care organizations in the United States do not credential or contract with nurse practitioners as primary care providers. "Policies like these jeopardize the success of health care reform at a time when we need more qualified and cost-effective primary care providers than ever before," says Tine Hansen-Turton, CEO of NNCC.

The American Academy of Nursing has identified nurses who have developed innovative models of care that could support the infrastructure that the United States needs to provide more health promotion, prevention and chronic care management. But, the Academy's CEO Pat Ford-Roegner notes that, "Insurers must remove the barriers to full utilization and credentialing of the advanced practice nurses if we're to spread these models of care that we know improve health outcomes and reduce costs." In nurse-managed health centers, community health centers, and nurse-led private practices throughout the country, nurse practitioners provide comprehensive primary care to patients with similar outcomes to primary care physicians. Insurers' prohibitive reimbursement policies reduce these practices' capacity for growth and threaten key components of the health care safety net. "To improve our health care system, we need to improve access not only to health insurance, but to health care providers as well," says Ann S. Torregrossa, Director of the Pennsylvania Governor's Office of Health Care Reform. "Health reform legislation will dramatically increase the number of Americans with health insurance. We need to make sure that we are using our existing primary care workforce — including nurse practitioners — to meet the new demand."

To collect data, NNCC researchers contacted major managed care insurers offering HMO product lines in

all 50 states and the District of Columbia in the summer of 2009. NNCC administered a brief survey to health plan staff using a uniform script. Only 48% of health plan staff surveyed said that they credential nurse practitioners as primary care providers. Four percent of respondents stated that while they did not normally credential nurse practitioners as primary care providers, they would occasionally make exceptions, especially if nurse practitioners provided care to Medicaid beneficiaries or patients in rural areas where few primary care physicians exist. The remaining insurers recognize nurse practitioners as primary care providers.

Federal health care reform will result in tens of millions of newly insured patients nationwide. In the face of acute primary care physician shortages and steady reductions in the number of physicians willing to accept Medicaid and Medicare, it is unclear whether the health care system can meet the needs of a universally-insured nation, unless it better utilizes nurse practitioners as primary care providers. In 2006 in Massachusetts, passage of a similar universal insurance plan overwhelmed the health care system's existing supply of primary care physicians. "Passage of a law in 2008 was designed to address just this problem by requiring health insurers to recognize nurse practitioner primary care providers and reimburse them fairly," says Therese Murray, Massachusetts Senate President. "While we are still in need of more primary care providers in Massachusetts the legal requirement has allowed nurse practitioners to fill a huge gap."

NNCC conducted a similar study in 2007 and found that 53% of managed care insurers recognized nurse practitioners as primary care providers. Data from its new study demonstrates that two years later, many managed care insurance companies still do not consider primary care nurse practitioners equal to primary care physicians. Findings also show that state and federal laws designed to prohibit unfair discrimination continue to provide little protection to nurse practitioners. "Equitable credentialing and reimbursement for nurse practitioner primary care providers will remain elusive as long as managed care insurers view nurse practitioners as primary care providers of last resort," said Hansen-Turton.

About the national nursing centers consortium: The largest organization of nurse-managed health centers in the United States, National Nursing Centers Consortium (NNCC) works to advance nurse-led health care through policy, consultation, programs and applied research to reduce health disparities and meet peoples' primary care and wellness needs. Nurse-managed health centers are community-based practices led by advanced practice nurses (primarily nurse practitioners). The nation's 250 nurse-managed health centers reduce health disparities by providing high quality comprehensive primary health care, health promotion, and disease prevention services to uninsured and vulnerable patients in rural, urban, and suburban com-

munities. In coming months, NNCC researchers will further analyze study results and prepare them for third-party publication.

Primary Care Providers' Perceptions of Interpretation Services

By Mary Sobralske and Moon Lee

Major reasons for health care disparities are communication and language barriers among primary care providers and their patients. Washington State University clinical faculty researchers conducted an exploratory, descriptive study to assess primary care providers' perceptions of language interpretation services they use in their primary care settings where patients do not speak English or the primary care provider does not speak the language of the patient. The study included a questionnaire that was completed by 118 primary care providers (PCPs) (physician assistants, advanced practice nurses, and physicians) via a tool called "Survey Monkey" on the Internet that the researchers designed for the study. Survey questions pertained to PCPs' experiences with patients requiring interpretation; (a) participants' previous experiences with interpretation services, (b) perceived satisfaction, (c) perceived problems, (d) perceived time differences of clinical encounter, and, (f) the challenges of communication between PCPs and patients who have limited English proficiency. Data were analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics of participants' answers included evaluations of standard deviations, frequencies, and means.

The average age of the PCPs was 50 years (S.D. = 9.32) with 14 years of experience as a PCP (Median = 12, S.D. = 9.25); 91% (n = 104) were women. A total of 75% (n = 82) identified as Caucasian; 12% (n = 14) said Latino or other. A total of 80% (n = 89) were ARNPs, 3% were physicians, and 7% (n = 8) were physician assistants. A total of 50% (n = 57) said they spoke a language(s) other than English in their practice. An interpreter was used on average 16 times per month (S.D = 28, Median = 4, and Maximum = 150). PCPs used multilingual brochures and reading materials (n = 56), interpreters (n = 55), multilingual support staff (n = 51), multilingual phone lines (n = 47), and multilingual websites (n = 11). Spanish (n = 91), Russian (n = 30), French (n = 27), German (n = 22) and Ukrainian (n = 22) were cited as secondary languages available through services offered in their clinics. A total of 35% (n = 38) have clinic staff speaking the patients' language(s), 27% (n = 30) said professional interpreters, 26% (n = 28) the patient's relative/friend/community liaison, and 12% (n = 13) a telephone language service. Most frequently cited languages needing interpretation were Spanish (n = 69) and Russian (n = 12).

Time allotted for appointments was less than or equal to 15 minutes for 44% (n = 46),

19% (n = 20) said 20 minutes, and 24% (n = 25) 30 minutes. About 48% (n = 54) said they did not think the allocated appointment time was sufficient. Only 35% (n = 40) said they had an adequate amount of appointment time with a patient requiring interpretation and 56% (n = 63) said they did not. Most felt they needed about 15 more minutes (n = 20, M = 17, S.D. = 8.66). When asked how well the interpreter translates, 84.1% (n = 95) said the interpreter did well, while 16% (n = 18) said either 'not well at all' or 'don't know.' Overall, 78% (n = 88) said they were either very satisfied or satisfied with the health care they provided during the visit.

Several problems were identified: a) trouble understanding the exact symptoms of patients (n = 48), b) trouble explaining the treatment (n = 45), c) lack of knowledge of family, social, and economic factors influencing health and treatment (n = 30), d) trouble understanding patient treatment preferences (n = 30), e) too much time spent on translation (n = 26), f) lack of knowledge of the patient's culture (n = 20), g) unable to establish patient's trust or rapport (n = 15), and, h) interpreter talking either too little (n = 12) or too much (n = 10). An expanded report of this study is available at marysobralske@wsu.edu. We would like to thank the members of ARNPs United who participated in this study.

Mary Sobralske, PhD, ARNP and Moon Lee, PhD are WSU Researchers

Articles Wanted

ARNP Care would welcome reader submissions for articles. Articles can be on any topic relevant to ARNPs and should be 800 words or less in length. Submissions should be sent as a MS Word .doc file or as a text file. Send your articles or queries to care@nurse.net.

UroVysion New Urine Test for Bladder Cancer

Dr Shashi Pawar, director of genetics for Acupath Laboratories, a New York specialty medical laboratory that conducts cutting-edge molecular and cytogenetic analyses: "More than 70,000 people in the United States will be diagnosed with new cases of bladder cancer in 2009, according to the National Cancer Institute. It's the fourth most common type of cancer in men and the eighth most common in women, leading to roughly 14,000 deaths a year. But today, researchers are fine-tuning a simple urine test that can detect bladder cancer up to six months before other methods, with up to 95 percent accuracy. It may replace invasive procedures such as a cystoscopy, in which a tube is snaked into the bladder, or a biopsy. The test, called UroVysion, requires only a urine sample to detect genetic changes in cells from the bladder isolated from the urine, a key indicator of bladder cancer."

Classified Ads

Full Time ARNP – Tacoma, WA

MultiCare Health System is searching for a full-time ARNP and/or PA-C to work with our gynecologic oncologist providing pre and post-operative care, rounding on patients in the hospital and providing first assist in surgery. The MultiCare Regional Cancer Center is a network affiliate of the Seattle Cancer Care Alliance. The practice is conveniently located on the main campus of our 391-bed tertiary care center with a 43 bed dedicated inpatient oncology medical surgical unit. Located just 30 miles south of Seattle, on the shores of Puget Sound, you'll experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Excellent compensation, a full array of benefits, and a great location make for an exciting opportunity.

Please visit our website to apply online at www.blazenewtrails.org, email your CV to blazenewtrails@multicare.org or fax your CV to 866-264-2818. Please refer to opportunity 5802 when responding.

Reproductive Health NP – Pullman, WA

Planned Parenthood of the Inland Northwest (PPINW) has an opportunity for a nurse practitioner at our health center in Pullman, WA. Our Pullman team provides reproductive health services for the surrounding communities that are rich in the agricultural heritage of eastern Washington. From Washington State University Cougars football games to outdoor activities, there is always something fun for you and your family to do in the Pullman community.

We recruit clinicians skilled at providing quality reproductive health exams and other health services for women and men; diagnostic testing, ultrasounds and administering contraceptive options. This position offers a competitive salary and benefits package including flexible scheduling, employer paid medical and dental benefits, 401(k) and a generous paid time off program; relocation assistance possible.

If you want to improve health care access and education in the Pullman community, please apply online today at www.plannedparenthood.org/centralwa under "jobs", 1117 Tieton Drive, Yakima, WA 98902. Fax: 509.576.8685. Phone: 866.904.7721 ext 8144. Applicants from diverse backgrounds are strongly encouraged to apply.

Full Time ARNP – Tacoma, WA

MultiCare Health System is searching for a full-time ARNP to work in our Palliative Medicine program. Candidates should have a minimum of three years experience with at least two years experience in palliative medicine, hospice or oncology. The practice is conveniently located on the main campus of our 391-bed tertiary care center with a 43 bed dedicated inpatient oncology medical surgical unit.

Located just 30 miles south of Seattle, on the shores of Puget Sound, you'll experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. Excellent compensation, a full array of benefits, and a great location make for an exciting opportunity. Please visit our website to apply online at <http://blazenewtrails.org/>, email your CV to blazenewtrails@multicare.org or fax your CV to 866-264-2818. Please refer to opportunity #7292 when responding.

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

ARNP – Everett, WA

Compass Health is a leading non-profit mental healthcare provider serving Island, San Juan, Skagit and Snohomish County. We are currently recruiting for a ARNP, based in Everett, Washington. This position will be working 32 hours per week with on-call responsibilities in the PACT program.

This program serves individuals with severe and persistent mental illness in collaboration with three local agencies. This is a nationally recognized service modality called PACT (Program for Assertive Community Treatment).

ARNP WA License and DEA. Experience prescribing psychotropic drugs. Salary DOQ. Excellent benefits package, including but not limited to: a generous vacation package, a superior 403(b) plan, medical/dental insurance, flexible spending accounts for pre-tax premiums, healthcare, and/or dependent care.

Please send a letter of professional interest, a copy of your resume, and any other materials you wish by email (preferred) to: resume@compassh.org or by post to: Compass Health, Attn: Human Resources, 1100 South 2nd Street, Mount Vernon, WA 98273. EOE

Nurse Practitioners Planned Parenthood of the Great Northwest

Join our talented & dedicated medical team!

PPGNW is seeking Clinician candidates to provide comprehensive reproductive health & family planning services.

We are a progressive, non-profit organization and providers of reproductive health care, education & advocacy in Alaska, Idaho, and Western WA. AK or WA State NP/CNM/PA-C w/prescriptive authority, current certification & CPR card required. Sign on bonus up to \$3000!

Alaska Clinician opportunities
PT (M-Th) Soldotna, AK

Western WA Clinician opportunities
Tacoma/U Place (M,W& Sa)
Float (S Puget Sound area) (Tu-F)

Centralia (M-Th)
Puyallup (M-F)

Please apply for any positions at: www.ppgnw.org/jobs. Questions? Email: jobs@ppgnw.org

CE Opportunities

Be a Difference Maker! Apply NOW to the University of Portland DNP Program!

Post-baccalaureate and post-master's NP students are welcomed. Post-baccalaureate students graduate as Family Nurse Practitioners. Our innovative program features: (1) an integrative healthcare component, (2) an elective focus on working with the poor, and (3) a blended format of online and in-person classes for distance students. Our next cohort will begin in May 2009. Contact us today to learn more! E-mail: nursing@up.edu. Phone: 503.943.7211. Website: www.nursing.up.edu.

Meetings

Join us! Puget Sound Nurse Practitioners Association is a non-profit organization supporting ARNPs in Puget Sound since 1998. We meet every other month and offer a social hour/networking and a CME talk. Annual dues are \$35/\$17.50 for students. Apply for membership and find meeting information at <http://PSNPA.org>

West Sound Advanced Practice Association meets the second Thursday of the month. Meetings include networking/dinner/educational session. E-mail Fionafnp@centurytel.net for more information.

Private Practice NP Discussion Group. All are welcome. Meetings will be Nov/Jan/Mar/May always on the second Thursday of the month from 6:30-8:00 at FamilyCare of Kent in Kent, WA. Next meeting Thursday Nov 12, 2009. RSVP at least 48h in advance to mwiley@familycareofkent.com so we can order food and drinks. Address and directions on www.familycareofkent.com.

Healthy Humor

A NP called her patient and said, "I have some bad news and some very bad news."

"Well, why don't we start with the bad news," answered the wary patient.

"You only have twenty-four hours to live," replied the NP.

"What," gasped the patient. "That's the good news! What could possibly be worse than that?"

"I've been trying to reach you since yesterday!"

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.

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