

Advanced Registered Nurse Practitioner Care

Vol. 21, No. 11

Official Newsletter of ARNPs United of Washington State

November 2010

AUWS Election Results

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

Deonne Benedict, FNP; Nancy Lawton, FNP; Catherine Luria, FNP and Angie Miller, CNM were re-elected to the AUWS Board of Directors. Paul Means, FNP and Ashley Fedan, CRNA were elected to their first term. They will take office in January 2011. Laura Hahn, FNP and Patti Krafft, FNP will be leaving the board. In addition Jerry Green, FNP was appointed as Legislative Co-chair and Mary Anne Murray, FNP was appointed to the board to fill an empty position.

Pertussis Outbreak Control

Maxine Hayes, MD, MPH the state health officer has requested we share this with ARNPs:

We need your help in stopping the spread of pertussis! Pertussis, or whooping cough, is highly contagious and spreads easily by coughing and sneezing. A person with untreated pertussis can infect others for at least three to four weeks.

Tragically, two infants in our state died this year from pertussis. Most infants get this disease from their parents or other family members.

As a health care provider, your advice plays an important role in your patients' decision to get vaccinated. Please help us:

Surround infants with a protective "cocoon" of immunity:

- Check pertussis immunization status of all of your patients.
- Vaccinate all women of childbearing age and postpartum patients against pertussis.
- Offer or make a referral for pertussis vaccination for all household contacts and caregivers at least two weeks before the baby is due.

Take action against pertussis! Make sure to:

- Test if you suspect pertussis. Delays in recognizing pertussis can lead to worse clinical outcomes and increased disease spread.
- Treat for pertussis. Delays in treatment before and after hospitalization may increase the risk of fatal illness.
- Report suspected and confirmed cases promptly to your local public health department.

Track your patients' vaccination status by using the CHILD Profile Immunization Registry. The registry is a secure, web-based system for tracking immunizations of persons in all age groups. It is free to registered users. For more information or to register, call the CHILD Profile Help Desk at 800.325.5599 or 206.205.4141 or visit the Web site www.childprofile.org.

Communities need a high level of immunity to reduce the spread of pertussis. Immunity can wane as early as 5 years after immunization or infection. Most young children who get pertussis vaccine are susceptible again by early adolescence. This is likely the reason why pertussis continues to circulate; leading to hospitalizations & deaths of infants who are too young to get vaccinated.

For more pertussis information, visit the Department of Health pertussis web page at <http://www.doh.wa.gov/cfu/immunize/diseases/pertussis/default.htm>.

Aetna Reduces ARNPs' Reimbursement AUWS Seeks ARNPs' Help

By Ann Darlington

As many of you know, the Aetna insurance company changed its reimbursement policy on June 1, 2010. They are no longer paying ARNPs 100% fee for service (as they pay MDs). Aetna made a nation-wide decision to pay NPs at 85% of physician fees, which in some states meant ARNPs would now be paid whereas they had not previously been paid. In other states, like WA, this meant dropping reimbursement by 15%. In the few remaining states where NPs are reimbursed at 100% they have legislative protection for their NPs.

AUWS is trying to change this, with the argument that there should be reimbursement parity: same service, same billing code, same pay. Note that the savings Aetna makes in changing to 85% is kept by Aetna, and not seen by the insured patient, yet nationwide, Aetna may not be saving money because they are now paying NPs that they did not previously pay. It's complicated, and just seems to get more so.

Thus far members affected by this have had only classic corporate responses from Aetna to their inquiries and claims that the change is unfair and could affect patient's access to NP services. Aetna's responses have been along the "take it or leave it" lines, and seem also to be using a divide-and-conquer approach — each NP is advised to accept the 85% and/or to take their inquiry to

their contractual contact at Aetna, with no willingness to answer from a higher, decision-making level in Aetna's administration. So we are looking for information from NPs like you who could inform us about how this is working for NPs throughout WA, and how it is affecting their businesses and employers.

We at AUWS are reaching out to NPs for info that could help us argue our way back to full reimbursement for ARNPs.

- If you own your business: Are you affected by Aetna's change? Has it led you to consider dropping Aetna clients, or raising your fees?
- If you are an employee of a business and work with physicians: Do you know, or can you find out, how your organization's billing office is handling this? Do they bill under the NP's name or physician's name?
- To all concerned ARNPs: Could you refer us to other ARNPs to ask them for their input? Any stories you can share? Other ideas on how to tackle this issue?

Please email au@auws.org with your experience, questions or suggestions. Thanks, and be assured that AUWS will continue to work on this one from all angles.

Pain Management Rule

The Washington State Department of Health is developing rules on pain management of chronic noncancer pain required to implement ESHB 2876 passed during the 2010 Washington State legislative session. One element of the current draft rules requires health care professionals to obtain consultation with a pain management specialist for patients prescribed 120 milligrams or more morphine equivalent dose. The proposed rules provide that an ARNP may be exempt under certain circumstances. Exemptions include:

- Recognition as a pain management specialist
- Completion within the last two years of a minimum of 12 continuing education hours on chronic pain management approved by the profession's continuing education accrediting organization with at least two hours dedicated to long acting opioids including methadone
- Current practice in a multidisciplinary chronic pain treatment center or multidisciplinary academic research facility
- A minimum of three years of clinical experience in a chronic pain management setting and at least 30 percent of current practice in the direct provision of pain management care.

The rules will not be finalized until spring 2011 and will become effective June 30, 2011. ARNPs practicing in Washington are urged to consider the importance of meeting the criteria for exemption from the require-

ment for consultation with a pain specialist. There are few specialists throughout the state and ARNPs already have difficulty making referrals to pain specialists or obtaining consultation. You may wish to consider attending continuing education offerings on chronic pain management between now and next June to prepare to meet the criteria for exemption. It will be the responsibility of the Nursing Care Quality Assurance Commission to determine which continuing education is accepted. It will be important to assure that any continuing education is accredited.

Information about the pain management rules may be obtained on the Department of Health web site. <http://www.doh.wa.gov/hsqa/Professions/PainManagement/Default.htm>

Controlled Substance eRx

Electronic prescribing of controlled substances is not yet ready for prime time. Inspector Estevan Sanchez of the Seattle DEA is and has been the point person for WA State on this longstanding and evolving issue. You can contact him directly for technical assistance and with questions. He is very helpful and easy to work with.

It was anticipated that the IFR's requirements for prescribers and pharmacies would be ready to roll on June 1, 2010 however that is still not the case. When the IFR's effective date came around, there was confusion again. Some practitioners thought that they now had an 'official blessing' to continue what they'd been doing all along, namely, electronically signing Rxs and sending them by fax, fax server, or computer-to-computer. They had not apparently gotten much push-back from pharmacies calling them over the last few years.

The wrinkle was and still is that to date, no software application provider (sending software from the prescriber's office to the receiving software in the pharmacy) meets the DEA's requirements in the IFR and is therefore independently certified to do so. According to the Seattle DEA as of October, this is still the situation.

This means, that until the software application providers are certified according to the DEA's requirements in the IFR, electronic prescribing/signing/sending of controlled substance Rxs is not allowed.

The DEA's website has a FAQ section devoted to this topic. If you are dealing with software application providers now, you need to ask them if they comply with the DEA's IRF requirements and to show you proof of that, as specified in the IFR. You can also call the Seattle DEA for technical assistance and ask for their help and information.

NCQA Recognizes NP Led Practices for Patient-Centered Medical Home

Effective October 22, 2010, the National Committee for Quality Assurance (NCQA) will recognize nurse-led primary care practices as patient centered medical homes under its PCC-PCMH recognition program in states that permit advanced practice nurses to lead practices. NCQA already recognizes advanced practice nurses as members of teams in practices recognized as Patient-Centered Medical Homes.

This decision is prompted by the growing number of states that allow nurse practitioners to serve as primary care providers. In many of these states, primary care shortages are leading to this re-evaluation of scope of practice. A number of states – including Maryland, Pennsylvania, and Colorado – have adapted the joint principles of patient-centered medical homes to include nurse-led practices.

Primary care scope of practice is determined by each state and NCQA will defer to state requirements on independence and supervision. We will apply the same standards, scoring and other features to nurse-led practices that we apply to physician-led practices.

The patient-centered medical home program is a way to move primary care into the 21st century. It is a strategy for managing a panel of patients, provides customized care for each patient reflecting his or her preferences, provides information at the point of care and changes the focus from care at visits to care over time. Overall, it adds up to organized practice that improves health-care coordination in a comprehensive way.

NCQA's program is evidence-based, a product of a multi-stakeholder effort that included public comment period with input from many consumer organizations. The program is tested and widely adopted. The National Quality Forum endorsed our standards.

Note that in order to implement this policy quickly, NCQA has not changed all the language in their standards, publications and other written materials. We plan to revise this language for the 2011 standards release.

For more information on the program please check our Web site at: www.ncqa.org, and follow prompts for "recognition." If you have questions about this policy please contact: Mina Hawkins at 202.955.1727.

Classified Ads

Oncology – Auburn, WA

MultiCare Health System is searching for a full-time Oncology ARNP to work with our established and expanding comprehensive cancer program. The MultiCare Regional Cancer Center is a network affiliate of the Seattle Cancer Care Alliance. Competitive salary, a full array of benefits and a great location makes this an ideal choice for the pro-

vider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. 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. Opportunity #8566.

"MultiCare Health System is a drug free workplace"

Pain Management ARNP/PA-C – Western WA

MultiCare Health System is looking for a certified nurse practitioner or physician assistant to join our thriving Interventional Pain Management practice. Initially, primary responsibility would be seeing patients in follow-up after procedures. Previous experience in pain management, orthopedics or neurology is required. Located 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.

"MultiCare Health System is a drug free workplace"

Pulmonary ARNP – Western WA

MultiCare Health System seeks certified experienced pulmonary ARNP to join an established pulmonary/critical care practice. This is a full-time outpatient position located in Puyallup, WA. Competitive salary, a full array of benefits and a great location makes this an ideal choice for the provider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. 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.

"MultiCare Health System is a drug free workplace"

Orthopedic ARNP/PA – Tacoma, WA

MultiCare Health System seeks Orthopedic ARNP or PA to join a highly specialized orthopedic surgical practice; primary focus includes hip dysplasia, hip dislocations and performing periacetabular osteotomies. Previous orthopedics and surgical first experience desired, although training will be provided. Competitive salary, a full array of benefits and a great location makes this an ideal choice for the provider who is looking to experience the best of Northwest living; from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. 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. "MultiCare Health System is a drug free workplace"

Anti-Coagulation Clinic– North Central WA

Wenatchee Valley Medical Center is seeking 2 ARNPs to provide anti-coagulation management in North Central Washington. The ACC services include point of care INR testing, warfarin induction, patient education, patient assessment, risk assessment, maintenance dosing, perioperative anticoagulation management, outpatient DVT treatment, and DVT prophylaxis. Consultation with primary care physician and communication with MD specialists, pharmacists and other care services is important to providing quality management of anticoagulants. Background in cardiology, oncology, and/or internal medicine preferred. Anti-coag background desired but not required, we'll train in specialty.

WVMC is a comprehensive and collegial multi-specialty where mid-levels are supported and respected. Physician-owned and patient-centered since 1940.

2 openings: Wenatchee, WA and Moses Lake, WA.

See more details and learn more about these two small cities with sunny, moderate 4-season climates surrounded by mountains, lakes and rivers. Learn more at www.wvmedical.com. Email CV to

JoinUs@wvmedical.com.

CE Opportunities

**26th Annual Infectious Disease Conference
December 9-11, 2010 • Westin Hotel, Seattle, WA**

For registration information go to:
www.providence.org/everett/medical_staff/schedule.htm

Meetings

Puget Sound Nurse Practitioners Association

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 \$40/\$20 for students. \$20 per meeting for guests. Apply for membership and find meeting information at <http://PSNPA.org>

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 November 11, 2010. RSVP at least 48hr in advance to mwiley@familycareofkent.com so we can order food and drinks. Sponsored by NP Central. Address and directions on www.familycareofkent.com.

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.

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. Posi-

tion 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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Publisher: NP Central

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Subscriptions are \$25 per year, tax included. Ad rate sheet available on request.



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