

# Advanced Registered Nurse Practitioner Care

Vol. 24, No. 5

Official Newsletter of ARNPs United of Washington State

May 2013

## Independent ARNPs Where Are You?

ARNPs United is working to assemble a list of independently practicing ARNPs of all specialties.

If you are in private practice please send an email to [tracy@nurse.net](mailto:tracy@nurse.net) and let us know who you are. If you know of a practice that's not yours please send that information as well. Thanks in advance.

## The Importance of Nurse Practitioners in Health Care Reform

There are approximately 50 million uninsured Americans. As the Affordable Healthcare Act goes into effect over the next several years, many of those people will qualify for coverage. It's predicted that nearly 30 million people in the United States will be looking for healthcare providers within the next two years. California alone is expected to have almost 7 million people seeking doctors. It is likely that primary care physicians will not be able to cope with this surge in patients. The number of primary care physicians has been declining for years as doctors choose to pursue higher paying specialties. This shortage is already being felt nationwide and an increased demand is going to exacerbate this problem. Particularly strained regions may face the possibility of long waiting periods and lowered standards of care.

The solution to this looming problem may lay with nurse practitioners and nurse practitioner run clinics. Nurse practitioners are trained to provide comprehensive primary medical care. They are trained to handle preventative and acute healthcare needs including: conducting physicals, reading lab results and X-rays, prescribing medication, and diagnosing a variety of health concerns. Nurse practitioners have completed post-graduate degrees and are registered nurses. Not only can they provide the same primary healthcare as physicians, there is an increasing number of nurse practitioners. Federal employment statistics show that there were over 160,000 nurse practitioners as of 2008, and the field continues to grow.

Nurse practitioner-run clinics provide a promising outlook for utilizing nurse practitioners to meet primary care demands in undeserved communities. These clinics offer affordable comprehensive primary care services. There are nearly 300 such clinics operating across the country. Currently, about 20 of these clinics receive funds from a special government program to provide

affordable care in such communities. Studies show that these clinics improve community health, provide a high standard of care, and result in high levels of patient satisfaction. A 2009 Rand Corporation report found that nurse practitioners provide care equivalent to primary care physicians and exceed physicians in promoting health services and education. These clinics also save taxpayer dollars. Not only are nurse practitioner salaries lower than physicians', their availability in low income communities reduce reliance on emergency room visits. Those without comprehensive healthcare options have historically used costly emergency room services for non-emergency healthcare needs. This becomes less necessary as the acute healthcare services offered by these clinics provide an affordable alternative.

Nurse-practitioner clinics provide an efficient and affordable model of care, particularly during this transitional period of healthcare reform. A recent report entitled "The Future of Nursing" issued by the Institute of Medicine, of the National Academy of Sciences, called for nurses to be full partners with physicians in redesigning U.S. healthcare. These clinics show that nurse-practitioners are ready to heed that call, but there are still major obstacles to expanding nurse practitioner-run primary care services. Medicare, Medi-Cal, and California-based programs to provide coverage for the uninsured have contracted with nurse-practitioners for primary care services. Despite this, real expansion of nurse practitioner as primary care providers is being limited by large private health plan companies. These managed care organizations are reticent to contract with nurse practitioners. Despite nurse-practitioners' qualifications and proven success providing primary care services equivalent to physicians, these companies require physician supervision for billed nurse-practitioner services. A study by the National Nursing Centers Consortium established about half of such companies maintain this stance.

Properly utilizing nurse-practitioners will help ensure patients have quality access to primary care providers and amending state insurance codes is the first step toward that goal. For example, California currently only requires these private insurance companies contract nurse practitioners as primary care providers in cases involving Medicare and Medi-Cal. Changing this to encompass all coverage would help remove the obstacles facing nurse practitioner-based care. This, and other

such reforms, would greatly improve rates for access to primary care providers.

### **Nursing Care Quality Assurance Commission: Clinical Nurse Specialist (CNS)**

We want your input to evaluate the need to include the Clinical Nurse Specialist (CNS) in Washington State laws and rules.

Fill out the survey if you have:

- Earned a CNS degree or certification (even if not employed as a CNS)?
- Worked as a CNS or are an unemployed CNS?
- Attended or are now a student in a CNS program?

Information about survey:

- Available online April 29 through May 10, 2013 (just extended to 24th) .
- Take a few minutes to fill out our survey at: <http://www.doh.wa.gov/cnssurvey>
- Confidential and anonymous.
- Keep checking back for the results.

Questions?

Contact Martha Worcester  
Nursing Commission, Advanced Practice Advisor  
Phone: 360.236.4751

### **Ninth Annual Pediatric Bioethics Conference July 19-20, 2013**

There are cases that test our moral values, raising complicated ethical issues in our day-to-day care of individual patients. Frequently, as they search for the proper course of action, clinicians and families seek advice from ethics committees or consultants. Yet, even when these situations are resolved, they may leave us feeling unsettled and uncertain. Did we do the right thing? Did we act in the best interests of all concerned? Could we have done more?

Plan to attend the Ninth Annual Seattle Children's Pediatric Bioethics Conference as we explore "Cases That Keep Us Awake At Night: Challenges In Pediatric Bioethics." A distinguished panel of experts will address a range of challenging ethical issues:

- Should a teenager be allowed to refuse a lifesaving blood transfusion on religious grounds?
- Should an organ transplant be performed over a family's objections?
- Should Child Protective Services be encouraged to intervene when a family fails to address the eating habits of a morbidly obese child?
- Should healthcare professionals withdraw medical interventions against the wishes of a family?

Join us in the picturesque city of Seattle as healthcare providers and bioethicists from around the country share insights and opinions. To learn more and to register, visit: [seattlechildrens.org/pediatric-bioethics-conference](http://seattlechildrens.org/pediatric-bioethics-conference)

### **Health Care Reform from 2010: What would Real Health Care Reform Look Like?**

Taking a closer look at "health care" we first need to ask, "What is it?" So, we have three major divisions: diagnosis, treatment and assistance with activities of daily living. For the purpose of this discussion, we shall focus on the first two and leave the third as a separate issue, which is mostly about care for the disabled and frail elderly. Additionally, there is a trend leaning toward prevention.

To begin with, diagnosis, which in a conventional sense we can define as attempting to identify the cause of one or more symptoms, does not have the same meaning for all practitioners. Some practitioners focus their attention on only the physical symptoms, others attend only to mental health issues and some take a holistic approach recognizing that all aspects of life can be contributory in causing disease. In any case, we can all agree that diagnostic technology has advanced in the last fifty years to the extent that exploratory surgery has become virtually obsolete. Diagnostic procedures have become considerably less invasive and therefore less risky. Yet there are still more than a few invasive diagnostic procedures that can injure and kill patients, like spinal taps and various endoscopy procedures (inserting a fiber optic scope into a body orifice to view the inside of internal organs). Thus, to have real reform we need patient safety standards for all invasive diagnostic procedures and laws to impose criminal penalties for causing death by failure to abide. For example, we need to look at the method for teaching students and residents, who often perform invasive diagnostic procedures without adequate training and no supervision

To continue, the treatment side of health care is a vast chaotic conundrum of all kinds of modalities emanating from a variety of cultural philosophies and experiences. Of course, every society has its own variation on the theme as evidence by the fact that alternative remedies are more in the mainstream in some countries than others. In our society, we are mostly dominated by a medical autocracy called the American Medical Association, the American Hospital Association and the pharmaceutical industry. Thus the business at hand is cutting, burning, sewing, and chemicals for altering the body's natural responses. We are a society indoctrinated to believe that "Doctor knows best." Although many people survive and become well after being subjected to what health care there is to offer, it is by now common knowledge that there are alternatives to conventional

health care that work. Be that as it may, true health care reform has to have a starting point.

Consequently, if we look at the fact that health care is the fifth leading cause of death in the U.S. today, we desperately need to start with patient safety standards in all phases of health care and in all clinical settings. Thus far the medical autocracy has been successful in convincing Obama and Congress to give the health care industry a pass in considering whether practitioners should be held criminally liable for deaths or injuries due to wanton carelessness and callous disregard for the patient's safety and well-being. After Obama's meetings with top industry representatives, he suddenly changed his campaign rhetoric from "Health care reform" to Health insurance reform."

In conclusion, the answer to the question in the title of this thread is that to have any real health care reform we need to start by reducing the risk of having to deal with the reality that health care practitioners in hospitals are killing more people than most of the diseases that caused the victims to seek the care. We can accomplish such a goal by devising a clear set of standards for patient safety, enacting those standards into law and imposing criminal penalties for all those, whose wanton failure to comply causes survivable injury or death.

Read more; get your copy of "With Liberty and Coverage for All" now at <https://www.createspace.com/3994422>

## NP Shout Outs

**Phyllis Zimmer:** Congratulations on your TED Talk in Brussels in April 2013. Way to go! Watch the presentation at <http://www.ted.com/tedx/events/8661>

*Let your colleagues know what's happening to you and your colleagues. You can submit a brief announcement about you or someone you want to brag about. They will be published at no charge on a space available basis. Send news to [care@nurse.net](mailto:care@nurse.net).*

## Classified Ads

### Office Space for Rent-Kent, WA

13 x 16 office space available immediately, rent negotiable. Great space for counseling or even a satellite office. Located next door to a well established Family Health Care Clinic. For more information contact Bob Smithing at 253.852.7723

### Home Assessment Nurse Practitioner Opportunity

INSPIRIS is excited to offer a full-time Home Assessment Nurse Practitioner opportunity in the greater Seattle area! The Home Assessment program offers the opportunity to complete a full history and physical/environmental assessment for patients in the comfort of their home during a single visit. Qualified candidates must have an active and unrestricted NP license in the state of Washington, certification as ANP, FNP, or GNP, and at least one year of clinical experience. Contact Kaitlin Osborn today at [Kaitlin\\_Osborn@uhg.com](mailto:Kaitlin_Osborn@uhg.com) / 952.936.3888 if you, or someone you know, have an interest in learning more!

## CE Opportunities

Are you looking for some continuing education credits? Do you have an interest in environmental hazards and health outcomes? If yes, the CDC has a free online class available for nurses and nurse practitioners worth four CEUs.

Visit the [National Environmental Public Health Tracking Network \(EPHT\)](#) with the CDC to take the free online class "Tracking 101".

This course gives an overview of the major components of EPHT. EPHT is the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures. The goal of tracking is to provide information that can be used to plan, apply, and evaluate actions to prevent and control environmentally related diseases. CDC is currently leading the initiative to build a National EPHT Network, to integrate these three types of data into a standardized electronic network.

For more information about EPHT or the training, please contact the CDC Tracking Program:

1-877-923-TRACK [trackingsupport@cdc.gov](mailto:trackingsupport@cdc.gov)

### UW Health Care and Social Work Certificates

Advance your skills, expand your network or earn contact hours and CEUs. UW Professional & Continuing Education offers the following certificate programs: Gerontology (online), Geriatric Mental Health (classroom), Medical Management (classroom), Psychological Trauma: Effective Treatment and Practice (online & classroom), Integrated Behavioral Health (online), and Infant Mental Health (classroom). Visit our website for full descriptions and start dates: [www.keeplearning.uw.edu](http://www.keeplearning.uw.edu).

### Pediatric Obesity Prevention in Primary Care FREE 1 hr AANP CE Opportunity:

Please allow me to invite you to complete an online CE program about: Pediatric Obesity Prevention in Primary Care

The program will take an hour or less, and has a research component/survey, so your participation is highly valued!

To access the program, please access the following link:

[www.unco.edu/nhs/nines/HesslerCEforWeb2011/HesslerCEforWeb2011.html](http://www.unco.edu/nhs/nines/HesslerCEforWeb2011/HesslerCEforWeb2011.html)

## Service Ads

### Seattle University NP Students Need Preceptors

Spring Qtr 4/1-6/10/13, 2 days/week

Fabulous preceptors are ARNPs, MDs, PAs in: Family, Geriatrics, Psychiatrics, Pediatrics, Midwifery, Women's health, Urgent Care, Specialty (eg; cardio, neuro, etc) Please contact Elly Detweiler at: 206-398-2098 or [detwelle@seattleu.edu](mailto:detwelle@seattleu.edu)

### Guiding the Future... Love to teach...

Precept an FNP, ANP or PNP student!

Precepting involves 1 to 2 days a week for the 10-week quarter, Fall, Winter and/or Spring.

Preceptors needed for beginning to advanced students.

Contact Fiona Shannon, [fiona@uw.edu](mailto:fiona@uw.edu) for more information on precepting University of Washington students.

### Interested in Mentoring the Next Generation of ARNPs?

Pacific Lutheran University in Tacoma, WA is looking for preceptors in the south Puget Sound area for the Family Nurse Practitioner program. Your commitment requires a minimum of 1 day a week for a semester. We need preceptors Fall (Sep to Dec), Spring (Feb to May) and Summer (May to August) semesters. If interested, please contact Dr. Lorena Guerrero at [guerrelc@plu.edu](mailto:guerrelc@plu.edu) or call (253) 535-7374.

**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 speaker presentation.

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 Sep/Nov/Jan/Mar/May on the third Thursday of the month from 6:30-8:00 at FamilyCare of Kent in Kent, WA. RSVP at least 48hr in advance to [mwiley@familycareofkent.com](mailto:mwiley@familycareofkent.com) so we can order food and drinks. Address and directions on [www.familycareofkent.com](http://www.familycareofkent.com). Sponsored by NP Central.

**West Sound Advanced Practice Association**

Meets the second Thursday of the month. Meetings include networking/dinner/educational session. E-mail [Fionafnp@centurytel.net](mailto:Fionafnp@centurytel.net) for more information.

**Inspirational Quote**

*I do the very best I know how-  
the very best I can;  
and I mean to keep on doing so  
until the end.*

~Abraham Lincoln

**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 and Continuing Education Ads of less than 66 words are \$45, of 66 to 130 words are \$75, 131-180 words are \$105, and greater than 181 words are \$175. Position Available Ads are priced per insertion. 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, more than 130 words are \$175. Ad Inserts are \$750 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, #230, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email [care@nurse.net](mailto:care@nurse.net).

**ARNPs United of WA State**

10024 S.E. 240<sup>th</sup> St., Suite #230, Kent, WA 98031  
253.480.1035 Fax: 253.852.7725  
[www.facebook.com/ARNPsUnited](http://www.facebook.com/ARNPsUnited)  
Email: [au@auws.org](mailto:au@auws.org) Web site: [www.auws.org](http://www.auws.org)

**ARNP Care**

10024 S.E. 240<sup>th</sup> St., Suite #230, Kent, WA 98031  
253.852.9042 Fax: 253.852.7725  
Email: [care@nurse.net](mailto:care@nurse.net) Web site: [www.nurse.org/wa/arnpcare](http://www.nurse.org/wa/arnpcare)

**Editors:**

Robert T. Smithing, MSN, ARNP, FAANP  
Madeline D. Wiley, MSN, ARNP, FAANP

**ARNPs United Contributing Editors:**

Nancy Lawton, ARNP (President)  
Louise Kaplan, PhD, ARNP, FAANP (Legislative Chair)

**Managing Editor:** Tracy Kiele

**Production Staff:** Sarah Abid

**Publisher:** NP Central

© 2013 NP Central

Ad rate sheet available on request.

**Photograph of the Month**



Newly born bison calf with mom. Yellowstone National Park.

Photo by Bob Smithing