The Massachusetts Coalition of Nurse Practitioners

Coalition News

MCNP PO BOX 1153, Littleton MA 01460 www.MCNPWEB.org February 2009

From Our President...

Nancy O'Rourke, MSN, ACNP, ANP, RnC.

Dear Colleagues,

What an exciting year! We have passed our legislation and are working with individual insurers to implement the regulation that requires recognition of nurse practitioners as primary care providers. We've developed relationships with key legislators and had successful fundraising activities. We are planning an exciting and dynamic conference for May and a celebration event to thank all of you for your participation in these successes.

Organizationally, we restructured and redesigned our website, making it more user friendly and contemporary in its design. We have moved our web services to a new company and gained significant cost savings by instituting these changes. Overall, I would say we have accomplished a great deal in 2008.

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Please continue to share our accomplishments with your colleagues and encourage them to join our organization. Spread the news that 2008 was a landmark year for MCNP and we plan to make even more advances in 2009. I look forward to our next challenge and promise to continue to work hard as your President to advance our profession.

Thank you for all you commitment and dedication to the mission.

Emergency Preparedness for Senior Citizens

Michelle Kanavos, MS, APN-BC, LCCE, FACCE
Marlboro Reserve Corps

How can we help senior members who live alone during emergencies? Advance preparation is paramount. Michelle Kanavos, NP summarizes what Richard Mahoney, of the Medical Reserve Corps Sub-committee on Senior Emergency Preparation, considers key actions to help us prepare senior members in the community in case of an emergency.

Plan to have 1 gallon of water per person, per day. Seniors may have difficulty with gallon containers, so purchase smaller water bottles to meet the quantity needed for each day. Stock non-refrigerated food items such as Ensure or instant breakfast mix with powdered milk that have a good shelf life and provide nutrition without refrigeration. Peanut butter and crackers, cans of tuna, chicken and other meats, as well as beans and fruit keep well. Have a manual can opener on hand since electricity may not be working.

Purchase 1 or 2 flashlights and buy extra batteries. If it is difficult for a senior to unscrew flashlights to replace batteries, consider disposable flashlights available in most hardware stores. A battery operated lantern can light up a room and is safer than candles. Camping supply companies make these lanterns that cost about $30.00. Store the

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Emergency Preparedness from page 1

batteries separately from the lanterns to avoid corrosion. Consider a trail headlamp if the senior uses a cane or walker; this will free both hands to use the walker, decreasing risk of falls.

Ensure the senior has a phone with a cord (not just cordless) in case the electricity fails. Cell phones are also a good option. Pre-program important numbers for easy dialing. Provide a battery operated or crank AM/FM radio. LL Bean sells a crank radio for $50 that also charges a cell phone. If all other forms of communication fail, a marine air horn will make a loud sound to alert others that your senior needs help. It is easy to operate and costs only $15.00.

> Seniors should have a record of their medical history, including major medical conditions.

Purchase first aid supplies, such as the Red Cross Kit and manual, available in several stores or through the Red Cross. Seniors should have a record of their medical history, including major medical conditions. List the medication name, strength and daily dosing. List all allergies as well as the names of the primary care provider and specialists the senior receives care from. Special health needs such as an extra pair of glasses, hearing aid batteries, dentures and cleaners need to be in one place.

Compile a list of emergency phone numbers for both the senior and their health care providers. Copy important documents such as insurance papers, deeds, wills, bank information, health care proxies, etc. and place into a fireproof box, then a plastic tote. A small amount of cash is also useful.

Paper supplies provide a way for seniors to eat without needing to wash items and will minimize bacteria transmission Baby wipes and hand sanitizer allow for basic hygiene. Purchase an extra supply of adult diapers, if indicated. Place all paper goods in plastic totes. Don't forget pet supplies. Make sure to check the tote periodically for expiration dates.

For additional information, go to the Red Cross Website: http://www.redcross.org

MCNP Member Participates in NIH-Funded Study

Mary Fischer MSN WHNP-BC

Mary Fischer is a Women's Health Nurse Practitioner and a doctoral student at the University of Massachusetts Graduate School of Nursing in Worcester. Her clinical practice is located in the OB/GYN department at Harvard Vanguard Medical Associates/Atrius Health in Watertown. She is the Clinical Research Coordinator for the Harvard Vanguard arm of the ISIS study.

The ISIS study explores the role of lifestyle on fertility. The study is a collaboration between Dartmouth Medical School, Harvard Vanguard, Pennsylvania State and Boston IVF. It has been funded by the National Institute of Child Health and Human Development. The primary objective is to evaluate whether low pre-conception levels of antioxidant vitamins are associated with delayed time to pregnancy or early pregnancy loss. Results of the study will enable clinicians to provide better nutritional counseling to women considering pregnancy and will foster the development of research to evaluate pre-conception dietary modifications and interventions on fertility. Participants will be women (and their male partners) between the ages of 20-34, who are planning their first pregnancy and currently using contraception.

For further information, go to the website at: www.isisfertilty.org or 781-434-6556 or contact me at 617-972-5504 or at mary_fischer@vmed.org to obtain study brochures or any other information.

Patient Treatment and Risk Prevention in Jeopardy

Nathalie Hebert, NP

For the past two years, I have been the MCNP representative for the Friends of the Hinton State Lab (FHSL). This group came together under the auspices of The Medical Foundation in response to the Hinton State Lab state and federal funding deficits. Our goal is to advocate for the State Lab by educating state legislators, clinical providers and law enforcement officials on the critical role that the lab plays in the safety and welfare, of the Commonwealth's population.

Why is it important to have a state lab in Massachusetts? Many of you have, during the course of taking care of patients, relied on the state lab for sample testing or data on incidence and prevalence of infectious disease in the state. In addition to sample testing and data collection and processing, the State Lab is responsible for providing immunizations to children and until recently, underserved adults throughout the state. The State Lab also operates TB clinics throughout the state. These clinics provide free, confidential latent and active TB treatment Of particular importance, these clinics are critical in providing care to the noninsured immigrant population where the prevalence and incidence of TB is the greatest. Law enforcement officials rely on the State Lab to test seized illegal drugs as part of the collected evidence used to prosecute drug dealers. The State Lab, under homeland security, is responsible for responding to bio terrorism threats. It is also responsible for developing emergency preparedness plans in the event of infectious disease emergencies such as avian flu.

For many years now, the State Lab has "made do" with a budget that is not adequate in meeting the needs of the clinical providers, law enforcement officers and people of the Commonwealth who rely on it. With the downturn in the economy, the budget and services offered by the State Lab are now in jeopardy. Programs have been cut and we are fearful that more program cuts are on the way. For instance, all public funded STD clinics were closed as of January 1, 2009. The adult immunization program was severely curtailed, impacting clinics providing immunizations to college age, immigrant and elderly populations. The time it takes to process lab samples, such as sputums for TB culture, is getting longer and longer putting patients at risk for complications from diseases and the citizens of the Commonwealth at risk of exposure to preventable infectious diseases.

Please see *Patient Treatment* on page 4

Member Receives National Award

MCNP member Margaret (Peg) Ackerman received an award for the Winning Research Presentation at the National Gerontological Nurse Practitioners Association's annual conference. Peg's study was titled "The Nurse Practitioner as a Primary Care Provider of Fragile Nursing Home Residents: Evidenced Based Practice".

Peg conducted this cohort study while employed in a managed care organization providing primary care to nursing home residents. The study compared a set of variables for the year Peg served as the primary care provider for the nursing home residents with the year prior when she was not the PCP. Nursing home residents received episodic care in nursing homes instead of being transferred to the hospital, in most cases. In addition, patients with chronic illnesses were seen weekly and treated quickly for acute problems.

The variables evaluated included hospitalizations, exacerbations of chronic illnesses, presence of advanced directives, and cost. By developing tight guidelines and a rapid response approach, Peg was able to decrease hospitalizations by 57% for a cost savings of at least $220,000. Advanced directives increased by 53%. Hospitalizations for COPD decreased by 81%.

Patient Treatment from page 3

In 2008, the Friends of the Hinton State Lab were able to garner legislative support for a $100,000 increase in the State Lab budget. Unfortunately, that increase was lost and then some in 2009. The DPH, from which the state lab derives its budget, was the recipient of $28.4 million cuts in October 2008. The friends expect more cuts when the governor announces the state budget on January 28. The State Lab Institute cannot bear more budget cuts without it impacting its core functions: preventing the spread of infectious disease in the state of Massachusetts.

I urge you to contact your state legislators and let them know that the State Lab and the people of Massachusetts cannot afford more budget cuts to the Hinton State Lab Institute.

Acute Care NP Meetings

There is a working group of acute care NPs at Brigham and Women's Hospital. Plans are in process for a Spring meeting of Inpatient/ Acute Care NPs. We encourage all to attend, so please watch your email boxes for more information. Please invite any inpatient NP's to join our group, all are welcome. We will have a dinner meeting organized within the next month (in greater Boston) and hope to provide educational / networking possibilities for all NP's in Eastern Mass. Please feel free to email me with questions and inquiries at jkennedyharte@partners.org.

Call for Nominations for the Annual MCNP Distinguished NP Award and MCNP Exceptional Preceptor Awards

Susan Frazier

The MCNP Distinguished NP Award recognizes an MCNP member who has made significant contributions in at least two of the following categories: professional association activities and contributions, activities supporting the public image of the NP, a role model for excellence in the provision of health care services, significant research which supports the role of the NP, or significant contributions to NP education. There is one award determined on an annual basis, presented at the Annual Meeting of the MCNP at the NE Regional Nurse Practitioner Conference in May.

The MCNP Exceptional Preceptor Award recognizes nurse practitioners in **different regions** who demonstrate excellence in the preceptor role to nurse practitioner students. This award provides an opportunity to publicly recognize the unique characteristics of the nurse practitioner who role models, teaches, and evaluates nursing students who are learning advanced nursing practice skills. There are up to five awards presented on an annual basis at the Annual Meeting of the MCNP at the NE Regional NP Conference in May.

All nominations will be reviewed by the Nominating and Awards Committee for compliance with the criteria, and the award recipients will be determined by a simple majority vote of the Board of Directors.

If you would like to nominate someone, please go to the website http://www.mcnpweb.org, follow the guidelines and submit your nomination in writing, with supporting documentation to:

Susan Frazier
11 Winterfield Drive
East Bridgewater, MA 02333

Deadline for submissions is February 28 2009.

Vitamin D: An Overview for the Primary Care Provider

Bethann Rowlands DNP, GNP-BC

Rickets, thought to have been eradicated in the United States before the 1960's, is now on the rise. The reasons are a combination of factors, but for many, vitamin D deficiencies could be prevented through education, counseling and routine screening by health care providers. Vitamin D deficiency has been linked to many illnesses including cancer, multiple sclerosis, diabetes, heart disease, depression, and migraines. Researchers continue to seek a correlation between disease state and the prevalence of low vitamin D levels while others are moving forward and looking at vitamin D as a treatment for some of these disease processes, including cancer.

Sources: Fish such as salmon, trout and cod are the primary natural food sources of vitamin D. Most American's rely on fortified foods such as milk, cereal, orange juice, and some dairy products to meet their daily vitamin D requirements.

Sunlight: Other than food, sunlight is another source of vitamin D for humans. Vitamin D is synthesized in our skin from ultraviolet ray exposure. Most people need about 30 minutes of full sun exposure 3 times a week to be able to synthesize enough vitamin D for our normal body functions. Many factors influence the amount of vitamin D produced by our bodies. Skin pigmentation, low sun intensity, use of sun block, clothing, glass (UV cannot pass through), age, obesity and pollution all reduce the amount of ultraviolet rays reaching our skin resulting in decreased vitamin D synthesis.

Vitamins: Vitamin D supplements are available in two formulations. Vitamin D3 (cholecalciferol) is a natural formulation of vitamin D and has little risk of toxicity at high doses. Vitamin D2 (ergocalciferol) is also available, but some believe that it is not as well absorbed as the more natural formulation D3.

Breast Feeding: Vitamin D is **not** naturally occurring in breast milk. Breast fed infants are at higher risk of developing rickets and other manifestations of vitamin D deficiency without proper sun exposure or supplementation. The American Academy of Pediatrics currently recommends all infants and children, starting with the first days of life, have an intake of 400IU of vitamin D daily. This may be accomplished through fortified formula or supplements (liquid vitamin D supplements are available).

Geriatrics: Older adults are at high risk for vitamin D deficiency. In this age group, it manifests as osteomalacia and osteoporosis. Older adults are less likely to spend time in the sun, one source of vitamin D, and their bodies have a decreased ability to absorb and synthesize dietary sources of vitamin D leaving them further at risk.

> Numerous studies have shown that women with low vitamin D levels are more likely to develop breast cancer.

Cost: The cost of vitamin D is pennies a pill. Depending on the dose, it can cost as little as 25 cents a month.

Toxicity: Toxicity is very rare and cannot occur from sun exposure alone. Vitamin D toxicity has been found in people taking doses exceeding 40,000 IU daily. A multiple vitamin usually contains 400IU of vitamin D while many experts recommend daily doses of 1,000-2,000 IU daily, especially during winter. Symptoms of toxicity include tetany, anorexia, nausea, vomiting, weakness and muscle pain.

Health Benefits: The health benefits of vitamin D are still being researched but some studies have shown a strong link between certain cancers and vitamin D deficiency. Whether vitamin D is a viable treatment for some of these cancers is yet to be proven.

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Vitamin D from page 5

Laboratory findings of vitamin D as a treatment for prostate cancer have been very promising, but have not been clearly replicated in clinical trials. The links of vitamin D and breast cancer are very strong. Numerous studies have shown that women with low vitamin D levels are more likely to develop breast cancer. Its role in the cell cycle and how it is able to force cell death and preventing metastasis continues to be studied. Rates of colon cancer correlate with distance from the equator. Many experts believe the link between low vitamin D levels and this form of cancer are strong.

Vitamin D deficiency has been linked to many illnesses including cancer, multiple sclerosis, diabetes, heart disease, depression, and migraines.

Pain & Falls: Multiple studies have linked chronic pain with vitamin D deficiency. It is known that individuals with vitamin D deficiency require higher doses of pain medications to attain relief. Early research is underway to use vitamin D as a treatment for pain disorders related to vitamin D deficiency.

The risk for falls increases with age and is linked to increased morbidity and mortality in older adults. Vitamin D deficiency leads to general weakness and increased risk of falls and fractures.

Conclusion: The actual proper dose of vitamin D remains controversial but it is likely that the current amounts recommended by the CDC are far below what we need to prevent cancer, autism, pain, diabetes, and many other conditions. Providers must be willing to education their patients on vitamin D, safe supplementation and the current research available. Routinely checking vitamin D levels is advisable, especially for at risk patient populations.

References

National Institute of Health Vitamin D Fact Sheet:
http://ods.od.nih.gov/factsheets/vitamind.asp

Vitamin D Council
http://www.vitamindcouncil.org/

American Academy of Pediatrics Vitamin D Position Statement
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142

Dr Holick, Boston University School of Medicine
http://www.uvadvantage.org/

Stacking it up

40% of the U.S. population is vitamin D deficient

42% of African American women of child-bearing age are deficient in vitamin D

48% of young girls (9-11 years old) are vitamin D deficient

Up to 60% of all hospital patients are vitamin D deficient

76% of pregnant mothers are severely vitamin D deficient, causing widespread vitamin D deficiencies in their unborn children

81% of the children born to these mothers were deficient

Up to 80% of nursing home patients are vitamin D deficient

***Taken from various sources including the CDC and NIH*

Website and Database Update

Catherine McKinnon
editor@mcnpweb.org

The new website is up and running at www.mcnpweb.org. Although it is being updated on a regular basis with news and calendar events, it is in its final format. The website is fully integrated with the database, allowing members to pay their dues online via Paypal and enter/update their personal information and email list preferences. It has a **Member Login** section that allows members to log on at any time to update their information and also to view all recently posted job openings.

Temporary usernames and passwords are randomly assigned by the system, and can be obtained by going to the site and entering your email address as it is listed in our database. If you have not already done so, please visit the new site and member login section at http://mcnpweb.org/member_login.php to update your member information.

Our email lists remain a valuable part of our website system, enabling us to communicate with our members regarding practice related news, legislation, regional offerings, and job opportunities. Please log onto the site or email us at editor@mcnpweb.org if your email address is changing or should you notice a drop off in MCNP emails, as this may indicate our emails are being blocked or filtered out as Spam.

We have several exciting web projects on the horizon. As in the past, we will soon be setting up a preceptor email list, which will allow us to target preceptor requests to MCNP members who have expressed interest in precepting rather than to the entire membership.

We are also working with our web designer to create a search option that would allow patients to "Find an NP." Current members will be able to opt in or out of this feature, which will allow patients to search for NPs by practice location and/or specialty.And finally, we are hoping to create an online member directory which would be similar in format to those we have printed in the past, with one of the greatest benefits being the elimination of printing costs. As long as members keep their information up-to date, it would always be current.

As your web and email list editor, I welcome your feedback and suggestions. Please let me know if you have any questions or should you have any difficulty logging into the member system.

Legislative Update Questions & Answers

In 2008 we saw a great victory with the passage of our PCP bill. Our work is far from over and for 2009 we will focus our efforts on the implementation of our bill.

We have received many questions from our members as to how the bill will change their practice. Many had billing and reimbursement questions as it relates to being a primary care provider. I hope to answer as many of these questions as possible while helping all to understand what we have accomplished and the work still ahead of us.

An Act to Ensure Consumer Choice of Nurse Practitioner Services was passed at the end of the 2008 legislative session and signed into law by Governor Deval Patrick. This bill was part of a larger health care package presented by the Senate President Therese Murray which also included the pharmaceutical restriction ban and loan forgiveness programs for providers working in underserved areas.

Do I bill differently now that I am listed as a primary care provider?

Legislative Q&A continued on page 8

Legislative Q&A from page 7

Of primary importance is that our PCP bill is budget neutral. It does not affect, or influence, reimbursement of services rendered by the NP. With the passage of our bill, no changes to the way your practice bills for services should be undertaken.

Will I be able to practice independently now that I am considered a primary care provider and listed in a directory?

No, we cannot practice independently in Massachusetts. No changes have been made to the regulations and statutes surrounding collaboration and supervision.

I have been told that I still cannot be listed as a primary care provider by some insurance carriers. How can this be if our bill has passed?

The law is open to interpretation and some insurance plans are seeking ways around fulfilling the intent of the bill. At this time MCNP is working closely with the GIC (Group Insurance Commission) to ensure that regulations are drafted that support the intent of our bill. These regulations will act as a guide for the insurance carriers as to how to implement the new law. Many carriers are waiting for these regulations to be implemented before they change their internal policies about primary care providers.

How does the bill change my day to day practice?

That is more difficult to answer as it depends on what your daily practice is. Our bill does two major things:

- Nurse practitioners are listed in insurance directories as primary care providers
- The definition of "primary care provider" includes nurse practitioners according to state law

These two points allow for NPs to be recognized for the work that they have been doing (transparency) and allows consumers to choose a nurse practitioner as their primary care provider (choice).

I am a geriatric nurse practitioner. Will I be able to be listed as a primary care provider? Or just the FNPs and ANPs?

This is an area open to interpretation by the insurance carriers and we hope to be able to advocate for all APN specialties to be listed as primary care providers if they are working in that capacity. MCNP has meetings set up with all of the major insurance carriers in the state in the hopes of helping them to understand the role of the different specialties and why they ought to be credentialed as primary care providers.

MCNP has meetings set up with all of the major insurance carriers in the state in the hopes of helping them to understand the role of the different specialties and why they ought to be credentialed as primary care providers.

Do I need hospital admitting privileges to be listed as a primary care provider?

This is also part of the credentialing process and not something our bill directly addresses. Many primary care providers have admitting privileges at a hospital, but some use hospitalists to follow their patients in the acute care setting. Depending on the insurance carrier's requirements for primary care providers, you may need to obtain hospital admitting privileges or use the services of a hospitalist. MCNP is currently working with all of the major insurance carriers on this issue and hope to clarify this soon.

Any further questions about our PCP bill may be directed to either Beth Rowlands, Legislative Chair at browlands@mcnppac.org or Nancy O'Rourke, President MCNP at nancyc.orourke@gmail.com

Healthcare Reform Effort in Massachusetts Pharmaceutical and Medical Device Conduct

Bethann Rowlands, DNP, GNP-BC

In July of 2008 legislation was passed to restrict pharmaceutical gifts to providers. It is widely believed that the billions of dollars spent on marketing to healthcare professionals contributes to the rising cost of medications, burdening the healthcare system. It is also thought that these marketing techniques influence medical professional practices in a potentially harmful manner.

The DPH is currently developing regulations for the new Chapter 305, *An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Health Care*. Massachusetts joins just 6 other states in an attempt to regulate the pharmaceutical industry and their marketing practices.

The DPH held two public hearings on January 9th and 12th and stopped accepting electronic testimony on January 19th. Regulations will be drafted over the next several months based on this testimony and are expected to go into effect by July, 2009.

Activities to be restricted or prohibited:

Payment for entertainment or recreation is prohibited, such as tickets to a sporting event, passes to a museum, etc.

Payments in cash or cash equivalents to health care providers, either directly or indirectly, are prohibited, except as compensation for bona fide services.

Complimentary items such as pens, mugs, and calendars are banned.

Meals are heavily restricted and in some instances prohibited. For example, any meals given to health care providers must be modest, and only provided at a training or educational event. They cannot be provided or paid for when they occur outside of a health care provider's office or the hospital setting. Meals to spouses or other guests are prohibited. The rules would also allow for industry to sponsor conferences and professional meetings; however companies cannot dictate how that funding is spent.

Taken from the Department of Public Health website at www.mass.gov/dph/

NP Member Mentors Students on a Trip to Ghana

Valerie King, MS, FNP-BC

Many nursing students and faculty spend their semester break catching up on sleep, reading good books or traveling to warm tropical beaches. Valerie King, NP and Visiting Professor at U-Mass Lowell, accompanied 11 senior nursing students and one nurse alumna on a medical trip to Ghana. This trip was organized by the newly formed Nursing Students Without Borders Club (NSWB). The students would experience nursing care in a completely different environment while enhancing their understanding of global health. The 17 day trip was organized and financed by the students, using their own funds and creative fundraising with faculty, friends and clinical institutions.

NSWB delivered 20 large boxes filled to capacity with medical supplies and medications. These supplies were distributed amongst multiple outpatient clinics and orphanages in the Volta Region. We lived in host homes in Kpando. There were daily excursions to various health care clinics providing maternity, public health and outpatient care. The students organized and ran their own clinics in certain communities.

Trip to Ghana continued on page 10

Trip to Ghana from page 9

The students participated in one outreach to a poverty stricken fishing village. Their reliance on the polluted lake for both sustenance and livelihood threatens their health. Belharzia is a waterborne parasite that causes diarrhea and other illnesses. It is a constant threat to the residents due to the fact that they eat, drink, fish and defecate all in the same water. The UML students taught them about water purification and the need for hygiene and proper human waste disposal. The students purchased supplies and set up a water purification station that the residents could duplicate at the villages. There was much need for nursing skills but lack of clean water is a great threat. The students quickly learned that education is the most important service we can provide.

Valerie organized hypertension clinics at some of the outlying clinics. There is an incredibly high rate of stage 2 hypertension that is uncontrolled and often undiagnosed. Medication compliance remains a problem due to lack of medication, accessibility to health care providers and lack of knowledge. Accurate blood pressure cuffs and stethoscopes are in short supply. In one day Valerie checked over 200 people. The line snaked for hours as they patiently awaited their turn to see the nurse.

River blindness, transmitted by the black simulian fly, is rampant in one of the communities I worked in. Malaria is as common to the Africans as the common cold is for Americans. Parasitic infections with guinea worm are also prevalent and due to ingesting contaminated water. HIV is another prominent disease. People infected with HIV are ostracized from the community and often live in separate communities similar to the historic Leper colonies. The UML students and I ran a specialty clinic just for a group of 40 HIV infected individuals. Six of the students organized a special educational program for teens in Nkonya Natumda. The goal was to teach them about HIV so that they would be become health educators for their peers. Myths about the disease were shattered and the Ghanian teens learned much from the American student nurses. Again, the UML students learned the value of educating people about disease prevention and health promotion.

Lastly, Valerie and the students had the opportunity to visit and give donations to 2 orphanages. One orphanage is home to HIV infected children. The UML students became attached to these children but also had the chance to evaluate the health and safety of the environment. The students developed and presented recommendations to the director for consideration. These recommendations were met with resistance and it was with much regret that we left those children living in substandard conditions. It was heartbreaking for the UML students.

We endured very high temperatures, dehydration, dry acrid smoky air, lack of running water, unfamiliar food and pervasive poverty. We also experienced the beauty and generosity of the African people. Despite their unusual illnesses, poverty, and lack of the abundant resources that we Americans are used to, they survive. We were welcomed with open arms and treated like beloved friends. It was a memorable trip and there is hope that we will return to the region again.

Regional Reports

Worcester-Marlboro Regions

Margaret Kamin, Worcester – Rini Kester, Marlboro

The Marlboro and Worcester regions have joined forces and had four successful programs this past fall. We had an excellent lecture on Hepatitis C at Tomasso's in Southboro and another defining the limitations surrounding therapies for patients with Urticaria at Arturo's. We are planning a talk on inflammatory bowel disease in March at Sel de la Terre at the Natick Collection; more information to follow. Please join us for networking and for the updates on what MCNP is working on.

Regional Reports

Metro-South Region

Susan Frazier

The MetroSouth Region has continued to host well-attended programs, most recently on migraines and depression. Coming soon are programs on secondary stroke prevention and co-morbid insomnia. Members enjoy networking and sharing information about job opportunities at meetings. Please join us!

I have been a coordinator for the region since I graduated from an adult/gerontological NP program from UMass Boston in 2005. I am lucky to have two dynamic people working with me now and would like to introduce them to the region and general membership. **Stacey Cummings** graduated from UMass Amherst with a bachelor's degree in psychology in 2003. She received a bachelor's and master's in Nursing from Regis College and became a certified Family NP after graduating in May 2007. Since then, she has been employed at Angel's Neurology - a private general neurology practice with offices in Abington, Taunton, and Stoughton. **Patricia White** has been practicing as an NP since graduation from Boston College in 1981. She practiced at Beth Israel Home Care in the 1980's and at an internal medicine practice in Norwood from the late 1980's until 1996 in primary care doing office practice, home visiting and caring for elders in LTC. She currently practices in Internal Medicine and in the LTC and rehab settings on the South Shore. Pat has been teaching at Simmons College since 1987 and coordinates the Adult and Geriatric NP programs. She received a PhD in Nursing from the University of Rhode Island and has studied NP practice with clients who present with grief in primary care. Welcome to both of you.

Pioneer Valley

Jeanne Allen

I hope the winter thaw is not too far away as you are you read this. The Fall Conference took a hiatus last year, and we'd appreciate feedback-did you miss it? Is it a valuable asset to your professional development, or do you have enough local opportunities for appropriate, affordable continuing education? Whether we resume the Conference or not, we hope to continue to offer evening programs, like **Gay, Lesbian, Bisexual & Transgender Health Issues**, **Diabetes**, and **Insomnia**, as we did last Fall.

Programmatically, we're starting the year with a business meeting. There are changes within the pharmaceutical and oversight arenas which make obtaining sponsorship for programs harder than previously. Speak up for what YOU want in our meetings. We also have a program in **Bipolar Disease** scheduled for March 4.

We are honored to host Madame Bernadette Camille-Laurent, a Haitian health care worker, at our April 15 meeting. She will describe what her work among the hemisphere's poorest entails. As always, we continue to collect food, socks, gloves and children's books at our various programs. At this meeting, we will "pass the hat" to help with her work.

This year marks the group's 11th health brigade to El Progreso, Honduras. If anyone is interested in participating next year, let me know (jeanne.allen@hhcinc.org). You don't have to be from the Pioneer Valley to be part of this experience, but some Spanish speaking ability is helpful.

As always, we welcome anyone with ideas and energy to the planning committee-2nd Wed. of the month at Jean Roger's house.

Regional Reports

Merrimack Valley Region

Bethann Rowlands

The Merrimack Valley chapter remains active with our monthly meetings. We continue to have consistent attendance of 20-30 NPs at our dinner meetings in the Andover area. February we plan to have a talk on dementia, March will be asthma and April will be a discussion on cultural sensitivity for the provider. Each month we take up a collection for a local charity. In December we were proud to support the University of Massachusetts Lowell as our choice charity. Student nurses from UMass traveled to Ghana in January to provide care and health education to their underserved. Valerie King, one of our active chapter members, was one of the lead faculty with the student nurses overseas (see article). We hope to have her speak about her experience in either February or March as part of our business meeting.

Berkshires Region

Martha Klay, APRN

While attending a MCNP seminar participants were encouraged to "provide a face to who is an NP". NPs were encouraged to meet with their local legislators and share their experiences. Many State representatives and Senators are limited in their knowledge as to who NPs are and what specifically we do. In Berkshire county we gathered as a group of NPs and invited our local Senator and Representative to have dinner. During dinner we went around the room and shared what each of us did as NPs. It was enlightening to our local Political Officials. They realized that they were uneducated about the NP role. We proudly educated them.

The dinner helped put a face to the title, Nurse Practitioner. Our legislators felt prepared to support the bill acknowledging NPs as PCPs. We in Berkshire County felt we helped move this bill forward.

Once the bill passed, we were elated. Then I read in our local paper that Governor Deval Patrick would be in Great Barrington to speak to anyone who wished to come to an open forum. What a great opportunity to thank the Governor.

It was an extremely hot evening at the bandstand. I connected with one of the Governor's staff members and said I wanted to thank the Governor for passing the NP bill. She told me at the end of the Q/A session she would make sure I had this opportunity. I waited 2 long hot hours (with my my little dog, who was wilted). The staffer caught my eye and guided the Governor my way. Holding my wilted little dog with one arm and extending my free hand to the Governor, I thanked him on behalf of the NPs in Berkshire County. He straightforwardly said, "It is I who thank you and all your NP colleagues for the good work you do." I was quite taken aback and thought, "Wow! Impressive".

It was great to get involved and to see NPs in my area come out and educate their legislators. It was rewarding to see the bill pass. It was heartfelt to have the Governor acknowledge my profession.

Nurse Practitioner Publishes Study

Margaret Bergmann, MS, GNP works in the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center in Boston, Massachusetts. She has been an active MCNP member for many years. She is an author of an article published in the Journal of American Geriatrics Society in January, 2009. "Persistent Delirium Predicts Greater Mortality" detailed the examination of the association between persistent delirium and 1-year mortality in newly admitted post-acute care (PAC) facility patients with delirium. The patients were followed regardless of residence. This observation cohort study was set in 8 greater Boston nursing facilities specializing in PAC. Results indicated that 1/3 of subjects remained delirious at 6 months. Cumulative mortality was 39% at one year. The study concluded that patients who were delirious at the time of PAC admission, persistent delirium was a significant independent predictor of 1 year mortality.

J AM Geriatric Society, 57:55-61, 2009.

MCNP News Reminder - Evening of Celebration

7 - 11 PM Friday, March 13, 2009 Montvale Plaza - Stoneham, MA
Cocktail Reception with Hot & Cold Hors D'oeuvres, Cash Bar, and DJ
MCNP Members and Guest - Free | Non-Members - $25.00 per Person

The Massachusetts Coalition of Nurse Practitioners invites all members to celebrate the passage of our PCP Bill. Many of our Colleagues and and Nurse Leaders have been invited. Senator Susan Fargo and Representative Jennifer Callahan, among others, will be attending.

Please RSVP by March 1st to Peg Carlson at carlsonmcnp@comcast.net or by phone at 781-575-1565