



From Our President...

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

Dear Colleagues,

I am sure each of you are wondering how the Primary Care Bill will affect you and where we are in the implementation process. We have a lot of information in this newsletter that will hopefully update you and answer your questions.

Implementing the PCP bill is only one of our current activities. We are working very hard to stay abreast of all the changes in health care. This is no small task. Every day at the state and federal level there are discussions of how the US must address the health care crisis. Multiple health care reform bills are being filed at the federal level and daily we face the challenges of making our state reform package remain viable in a troubled economy. Each of you hear this every day, in the news and in the papers. So why am I writing about it?

I hope to tickle your curiosity, gain your support and voice and hopefully give you some insight into what is happening right now. We have to stay vigilant. Every day groups try to exclude nurse practitioners or find a way to block our progress. We have to speak out loud and clear when this happens.

We may have passed our legislation about primary care status and we are the first in the country to have such legislation. But as you will see, new bills filed may jeopardize that success. At the federal level, Senator Kennedy is working on health care reform that as of now makes no mention of nurse practitioners. None of the proposed federal reform packages to date include us. Legislators lump us in with nursing and to this day, do not clearly understand who we are and what we do. We need to continue to tell them

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who we are. This is the mission of the AANP, ACNP and MCNP. But it is also the professional responsibility of each individual nurse practitioner. You control your own destiny.

We must begin to be as proactive as the physicians. We have to move beyond the reactionary phase, organize and be heard. Or we will be left out yet again.

Each and every NP in Massachusetts should be calling and writing to Senator Kennedy, reminding him that we are vital to the health care system and that any health reform package must be inclusive of nurse practitioners. Senator Kennedy needs to be reminded of how many nurse practitioners live in Massachusetts and that we are watching his work. Let him know we MUST not be lumped in under nursing in any health care reform legislation. We MUST be included with the same considerations as the physicians. Today is the day to start being proactive.

I have also outlined a few pieces of legislation that have been filed at the state level. We at the Coalition are responding to them in writing, but your opinion

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carries weight as well. We will post the letters we have sent on our website for your review. Feel free to send in testimony also and to call your Senators and Reps to voice your concerns. The contact information for you legislators at the State and Federal level will also be added to our website. We will stay vigilant for you and will update you as these bills progress or not.

I hope you each have a wonderful summer and don't forget to speak up!

Pending legislation of interest: 2009 Massachusetts Legislative Session

1) House bill 1093 – An act authorizing health care professionals to negotiate with health care insurers and providing for the duties of the Attorney General. Filed by Rep. Perone of Worcester.

This bill provides an avenue for groups of health care providers to directly negotiate with health insurers on such things as:

- UR criteria / QA programs
- Clinical practice guidelines
- Formularies
- Methods and timing of payment, fee schedules, payment and claims policies
- Administrative procedures
- Credentialing standards for selection, retention and termination of participating health care professionals

There is a section that creates one negotiator and the bill does not require that negotiator to report back to interested parties before cutting the deal. Also has a State allowed exemption from Federal anti trust laws by putting the onus on the state attorney general.

This is a dangerous piece of legislation.

2) Senate bill 1321 – An act relative to increasing access to primary care physicians in the Commonwealth. Filed by Senator O'Leary from Cape and Islands.

Seeks to increase access by limiting the number of Medicaid patients a physician may have on their panel. The purpose of this and legislation like this around the country is to deter the creation of "Medicaid mills"; practices that take on unlimited numbers of Medicaid patients, provide poor care and get millions in reimbursement. Though the intent of the legislation is to protect patients, as it is written it has the potential to limit a NP PCP practice. If Medicaid counts NP patients in collaborating MD's panel it could decrease access and limit our PCP status. Law would forbid a physician to collaborate because it would put him over the patient quota.

Another implication is that they may try and limit NP panels. If that is the case, we should be allowed to manage the same number of patients as the physicians.

3) House bill 978 – An act to streamline the physician credentialing process.

This time asking to only cover ED, anesthesia, pathologists who are hospital based. It also established a board of key stakeholders, including MMS and BCBS. NPs are not included on this board. The board can then choose to expand this expedited credentialing to other groups of physicians. Filed by Rep. Mariano of Norfolk County in the House and then Senator Moore (Worcester) and Senator Tucker

(Middlesex and Essex) have filed similar bills in the Senate.

We have always had the opinion that preferential credentialing for physicians creates unfair advantages and violates the anti trust laws. The language in this type of legislation must include all providers.

4) Senate bill 575: An act relative to increasing access to primary care physicians for Mass Health patients. Filed by Senator O'Leary (Cape and Islands).

This bill asks that physicians who see Mass health

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patients in their practice be granted an income tax credit, up to 15%. Nurse practitioners who function as primary care providers should be included and be eligible for this same tax credit.

5) House Bill 2085: An act relative to nurse anesthetists. Filed by Rep. Kahn (Middlesex).

This legislation opens Chapter 94c, the law dealing with prescriptive practice. It proposes to change the definition of advanced practice nurse to include nurse anesthetists and midwives. The supervisory language still exists. There are some other language changes that need to be monitored closely, as once this law is opened, anyone can propose further language changes.

Congratulations to Dawn Carpenter, NP, critical care, on being awarded a Tufts Health Plan Foundation Nurse Scholarship Award. The scholarships are given to clinical nurses in master's and doctoral nursing programs who are committed to teaching. The award, which is offered to address the growing shortage of nurse educators, was presented by the Massachusetts Hospital Association and the Massachusetts Department of Higher Education.

Congratulations Dawn!

MCNP Presents Third Annual Exceptional Preceptor Awards

Susan C Frazier, Awards Chair

The MCNP presented its third annual Exceptional Preceptor Awards to five nurse practitioners who showed "excellence as a nurse practitioner and as a preceptor". The recipients for 2009 are: Anne Marie Bourque, Inspiris; Paula Cushner, Cambridge Healthcare for the Homeless; Monica Dube, Lahey Clinic; Mary Beth Harrington, VA Boston Healthcare System Brockton; and Andrea Terenzio, South End community Health Center. These nurse practitioners were nominated by their peers or students for exhibiting expert patient care skills, being creative in their approach to nursing care and/or teaching, having a positive effect on clients and peers, and utilizing current research in their care and teaching. Four of the five awardees were recognized for their achievement at the business meeting of the MCNP at the Northeast Regional Conference for Nurse Practitioners on May 7, 2009.

The recipient of the 2009 Distinguished Nurse Practitioner Award is Mary M Aruda, PhD, RN, PNP-BC. After becoming a Pediatric Nurse Practitioner in 1982, Dr Aruda spent 20 years in the Division of Adolescent/Young Adult Medicine at Boston

Children's Hospital where she provided primary care to adolescents and took on the role as the Co-Director for Nurse Training in their project on Leadership Education in Adolescent Health Program. She started the pregnancy follow-up program at Children's, which continues today.

Dr. Aruda has taught at several regional schools of nursing and currently is an Assistant Professor at Boston College, William F. Connell School of Nursing. She is a member of the National Organization of Nurse Practitioner Faculties, the Eastern Nursing Research Society, Sigma Theta Tau, the American Public Health Association, the Society for Adolescent Medicine, and the MCNP. She has had many referred publications and has been a presenter numerous times locally and nationally. Dr Aruda is one of six members on the ANCC Content Expert Panel for PNP's Certification Exams and is currently in her second term. In addition to all this, she volunteers and teaches twice a year for the Action for Boston Community Development, Advanced Family Planning Program for GYN providers in Boston

MCNP Meets with Carriers to Advance NPs as Primary Care Providers

Craven & Ober. Policy Strategists, LLC

The MCNP continues to celebrate the passage of Mass General Law, Chapter 176R *An Act to Ensure Consumer Choice of Nurse Practitioner Services* which mandates the recognition of nurse practitioners (NPs) as primary care providers (PCPs). After the passage of the law, the MCNP was heavily involved in the creation of the regulations to enforce the law. A team from MCNP including: Nancy O'Rourke, Leah McKinnon-Howe, Colleen Kochman, Myra Cacace, Gloria Craven and Stacey Ober have methodically pulled together significant substantive meetings with the major carriers to discuss how they will implement this new law, how they will communicate about it with the provider communities, and how they will communicate to beneficiaries the new choices they now have.

The new law has created a level playing field in the insurance industry. Until now, carriers might choose to list NPs in their provider directories and might choose to credential them. The new law, which went into effect on January 1, 2009, now creates regulation through the Division of Insurance, The Group Insurance Commission (which is the insurance purchaser for public employees and retirees) and the Department of Public Health Office of Patient Protection. These regulations mandate that insurance carriers list nurse practitioners that they credential for recognition as primary care providers.

Since our collective work on this law and on the issue of credentialing, the credentialing process, which is really needed before an NP can be recognized as a PCP, has become simplified. Most carriers utilize the one credentialing form process established through HealthCare Administrative Solutions, Inc. (HCAS). This entity is a non-profit founded in January 2005 by several Massachusetts health plans to collaborate on administrative simplification initiatives.

Participating organizations include Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Medical Network, Neighborhood Health Plan, Network Health and Tufts Health Plan. A board of directors governs HCAS and the organization is managed and operated by an Executive Director. (www.hcasma.com) The MCNP did meet with and work with Lori L. Burgiel, M.B.A., and their Executive Director as HCAS was first formed. Participating carriers may utilize the HCAS system for credentialing NPs as PCPs in the future.

Neighborhood Health Plan articulated that since the passage of the law, they have doubled their number of NPs who are recognized PCPs.

To date, this team has met with Blue Cross/Blue Shield of Massachusetts, Neighborhood Health Plan, Fallon Community Health Plan, and Harvard Pilgrim Health Plan. At the time of this writing, a meeting is pending with Tufts Health Plan. Although all carriers must comply, each carrier is different in its outreach to NPs and to their practice groups regarding the new law and its implementation. Please know that Harvard Pilgrim Health Care (HPHC) will recognize NPs in both a direct contract or in contract with an affiliating group practice whichever is the employment status of the NP. An NP can remain in a group practice setting without being recognized as a PCP as well, if she so chooses. Further HPHC will also recognize and list NPs, who are not PCPs but do have a specialization and national certification in: Neonatal Care, Women's Health and Diabetic Care. HPHC however has no plans to reach out to the NP or provider community to solicit NPs to go through the process for recognition as a PCP. If as an NP you

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want to be recognized as a PCP, you must inform HPHC of that request. You can do so through their web site at: www.harvardpilgrim.org and click onto the Provider button or contact their Call Provider Service Center at 1-800-708-4414.

Neighborhood Health Plan articulated that since the passage of the law, they have doubled their number of NPs who are recognized PCPs. They went on to note that they believe this has had a positive impact on access to primary care, which is an affirmation as to why this law was so important to adopt.

The law does require that NPs, who choose recognition as a PCP, must have a panel of patients for whom coverage during hospitalization must be available. Most plans recognize that the

NP personally need not have their own hospital admitting privileges, but at minimum an agreement from their collaborating physician for how a patient is admitted must be in place. This model is consistent with many physicians now, who depend on hospitalists for treating their patients in the acute care setting.

The beneficial impacts of new laws grow and develop over time. It is expected that as the NP is recognized by the carriers and is increasingly chosen by the public as their primary care provider of record, the impact of Chapter 176R will grow in a positive way. The MCNP, in its representation for all NPs is to be commended for its diligent and visionary work to pass the bill and then to be certain that it is implemented uniformly, fairly and expediently.

MCNP Attends 16th Annual Northeast Regional Nurse Practitioner Conference

Marion L. Growney and Barbara G. Rosato
Co-Chairs, MCNP Education Committee

In May 2009, more than 400 Nurse Practitioners gathered in Newton, Massachusetts for the 16th annual Northeast Regional Nurse Practitioner Conference. This year's record-breaking attendance included participants from the New England area, the Tri-State area and as far away as Texas and Alaska. Sponsored by MCNP, New Hampshire Nurse Practitioner Association, and Boston College Connell School of Nursing Continuing Education Program, this year's conference had several exciting changes. This was our first year at the newly renovated Newton Marriott Hotel. Due to a steadily increasing conference attendance we had outgrown the capacity at the Westford Regency. In an effort to reduce paper use, we offered on-line syllabi as well as a compact disc rather than the traditional large three ring binder. These updates were well received by attendees.

This year's keynote speaker, Dean Susan Gennaro

of the Boston College Connell School of Nursing, started the first day with an insightful presentation about her experience as a nurse leader and researcher. Her keynote address paralleled our theme: "On the Pulse of Change: Nurse Practitioner's Role in the New Era of Healthcare Reform". Participants had the opportunity to attend concurrent sessions encompassing topics from the specialties of Adult primary care, Pediatric care, Acute care, Women's Health and Psychiatry. Industry Sponsored Dinner symposia were offered on Wednesday and Thursday evening. This was an opportunity for attendees to earn more educational credits outside of the conference.

The MCNP Annual Business meeting, held during lunch on Thursday, was an opportunity to hear about the exciting work of the President, Executive officers, and Coalition committees. Members were

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given highlights regarding the milestones of the Coalition over the past year. During the reception, MCNP honored Dr. Mary Aruda, with the Distinguished NP award. The reception was also an opportunity to view and discuss an array of poster presentations.

We extend a special thanks to the members of the Education Committee: Ann Dirr, Bonnie Dirr, Marion Growney, Maggie McAllister, Barbara Rosato, and Debra Stevens for their hard work and dedication. In particular, we would like to acknowledge the dedication and commitment of Ann Dirr as she is stepping down from the committee after many years of serving as a general member and Chair. Debra Stevens is also stepping down after serving for 2 years as a general member on the committee. Their many contributions have led to the success of our conferences in the past.

As we begin preparing for the 2010 conference,

we would like to welcome Karen Pickell as a new member and to acknowledge Marion Growney's enthusiasm to step up as co-chair. We are excited to start the planning of next year's conference to offer evidence based, clinically relevant topics that encompasses basic and advanced clinical issues for nurse practitioners in all practice settings and specialties. As always, we are open to any suggestions you may have. Please save the dates: May 5-7, 2010 in Manchester, New Hampshire. We look forward to seeing you there!

We extend a special thanks to the members of the Education Committee: Ann Dirr, Bonnie Dirr, Marion Growney, Maggie McAllister, Barbara Rosato, and Debra Stevens for their hard work and dedication.

MCNP Annual Membership Drive Begins!

Catherine McKinnon, Web Editor

As we start a new fiscal year on July 1st, we begin our annual MCNP membership renewal drive. This means that unless you are a NEW member who joined late in the year, your current MCNP membership will expire on June 30th, 2009.

As a result of our continued efforts to control costs, we are pleased to report that our dues will remain the same at \$75 for the upcoming calendar year. Compared to other professional organizations, MCNP dues are minimal and member benefits many.

Perhaps most importantly, your dues support our legislative agenda and help us address issues that affect NP practice in Massachusetts. Individual benefits include access to important practice related news; job opportunities, educational offerings, and a discounted rate for the annual NE Regional NP Conference held each May. Current members may also be listed in our

"real-time" Member Directory and in the coming months will have the opportunity to be included in a public "Find an NP" online search feature.

Renewing online through the MCNP website at <http://www.mcnpweb.org> is simple and only takes a few minutes. The new system is fully automated with an integrated database, allowing you to securely pay your dues online with Paypal and then login to update your member information and email preferences. A paper application is also available for download for those still wishing to pay by mail with a check.

Remember, it is only with your economic support and informed legislative voice that we will be able to advance and protect NP practice in Massachusetts.

So **please** renew your MCNP membership today and encourage your NP colleagues to do the same!

Tracking Diseases Possibly Linked to Environmental Exposure

Frances Medaglia PhD, MSN, ANP, BC
Bureau of Environmental Health
Massachusetts Department of Public Health

In 2000, the Pew Environmental Health Commission was charged with developing a blueprint to rebuild the nation's public health defenses against environmental threats. A survey to registered voters found that the majority (87%) were seriously concerned about risks to their health from pollutants in the environment. Most said that taking a national approach to tracking environmental health should be a priority of government at all levels (America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network, Pew Environmental Health Commission 2000).

Researchers have related exposures to some environmental hazards with specific diseases, for example, exposure to asbestos and mesothelioma or air pollution and asthma. Numerous other associations between environmental exposures and health effects have been documented, but further research is needed. For tracking or health surveillance systems already in existence, the information available on environmental databases is not compatible, making data linking of hazards to health effects extremely difficult. With enhanced surveillance, data will be more readily available to determine incidence, prevalence and trends of certain diseases associated with environmental exposure.

In Massachusetts, the Department of Public Health, Bureau of Environmental Health (MDPH/BEH) has a broad mission of protecting the public health from a variety of environmental exposures. The MDPH/BEH responds to environmental health concerns and provides communities with epidemiologic and toxicological health assessments. In 2002 working with the Centers for Disease Control and

Prevention (CDC), the MDPH/BEH entered into a cooperative agreement to develop infrastructure enhancement and a data linkage model for environmental public health surveillance as part of a demonstration project. The MDPH/BEH received federal funding to participate in the National Environmental Public Health Tracking (EPHT) program. Unlike research, environmental surveillance is the tracking of certain acute and chronic diseases suspected of having an environmental connection. Former CDC Director Dr. Julie L. Gerberding describes the benefit of EPHT as "...linking environmental and health data enables a timely response to potential public health problems related to the environment" (CDC, 2004).

The pediatric asthma prevalence rate is 10.8% in Massachusetts (with 97% of schools reporting) and is among the highest in the nation.

Environmental Public Health Tracking (EPHT) is the ongoing collection, integration, analysis and interpretation of data about environmental hazards, exposure to environmental hazards, and human health effects potentially related to exposure to environmental hazards. The overall mission of EPHT is to improve the health of communities and it includes the dissemination of information learned from any data collection effort.

Massachusetts has used the cooperative agreement with CDC to explore important public

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health issues including the prevalence of pediatric asthma. MDPH/BEH has published statewide prevalence data on its website for the past 5 years. The pediatric asthma prevalence rate is 10.8% in Massachusetts (with 97% of schools reporting) and is among the highest in the nation. Readily available asthma data allows MDPH/BEH and local health officials to respond to public concerns in a timely fashion.

Using information from the environmental public health tracking network, public health agencies from the federal, state and local level, the medical community and advocacy groups will be better prepared to develop and evaluate effective public health actions to prevent or control

certain diseases that may have environmental etiologies. In addition, the public will have a better understanding of what is occurring in their communities and what actions they may take to protect or improve their health (EPHT Program: Closing America's Environmental Public Health Gap 2004, CDC).

In June 2009 the CDC National EPHT website is expected to be available to the public. Visit www.cdc.gov/ephtracking/. For information on the Massachusetts portal, contact 617-624-5757 or visit www.mass.gov/dph/environmental_health and scroll down to Environmental Public Health Tracking.

Educational Opportunities for Nurse Practitioners at University of Massachusetts Lowell

Susan Houde, PhD, APN-BC
Director of MS, Graduate Certificate and DNP Programs

Fall 2009: Post-MS DNP Program for NPs

UML still has a few openings for the **Post-MS DNP Program** for fall 2009. Application materials are available on the Graduate Admissions web site at www.uml.edu. Full-time or part-time study is available. Contact the Nursing Dept web site at www.uml.edu/nursing or Susan.Houde@uml.edu for more information.

The following courses may be of interest to nurse practitioners who plan to pursue a future as a DNP or in nursing education:

Evaluation Research (33.717) offered Thursdays from 5-8 pm in Fall 2009 focuses on program evaluation and could be transferred in to the DNP program with a grade of B or better. Very helpful to nurse leaders who desire the skills to evaluate programs and propose data-based changes in health care facility functioning. This course is also a required course in the *Curriculum and Teaching in Nursing Certificate* program.

Curriculum and Teaching in Nursing (33.713) offered Tuesday evenings from 5-8 pm in Fall 2009 focuses on developing teaching skills for those nurse practitioners who intend to teach in nursing programs. Many graduates of MS, DNP, and PhD programs are assuming teaching positions and very few have any background in curriculum and teaching. This course is being taught by a large team of UML Nursing faculty who possess expertise in the topic areas. A grade of B or better can be transferred into the DNP program as an elective. This course can also be taken as a course in our *Curriculum and Teaching in Nursing Certificate*. Details about the certificate can be found on the nursing web site at www.uml.edu/nursing.

Another course that may be important to those of you with an interest in end-of-life care is **Palliative and End-of-Life Nursing Care** (33.554) offered

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Wed. evenings from 5–8 PM. This course has had positive reviews by students and promotes understanding of the many issues facing nurses caring for those at the end of life.

The **UML Post-MS Certificate in Psychiatric/Mental Health Nursing** allows those NPs with a Masters degree to return for 3 semesters to complete the psych mental health nursing specialty course work and be eligible to sit for the psych NP and/or psych CNS certification exam upon completion. Please contact Dr. Betty Morgan, Coordinator of the Psychiatric/mental health specialty programs for more information: Betty_Morgan@uml.edu

You can apply for programs through the Graduate Admissions office, and/or apply for individual courses through the UML Registrars Office or at Graduate Registration for non-matriculated students at Dugan Hall, South Campus on August 12 from 3–7 pm.

I would be happy to answer any of your questions about our programs/courses for nurse practitioners. If you have interest in the UML PhD program, please contact Dr. Barbara Mawn, Director.

Best wishes for a great summer!

Treasurer's Report: Fiscal Year 2008 – 2009

Catherine McKinnon, Treasurer

Our primary source of **income** continues to be from membership dues. As of 6/01/09, we had 1182 current members, and have collected approximately \$86,000 in dues. Additional revenue came from profit from the 2008 NE Regional NP Conference with web advertising contributing another \$14,000. This is the projected spending for FY 2008–2009

Administrative Support: \$38,000 (Includes labor for bookkeeping, membership processing, telephone and email support, Regional CEU program planning, as well as postage and supplies)

Lobbying: \$28,000

Web Upgrade: \$7,500 (Resulted in >\$25,000 annual savings by reducing labor costs.)

Legal and Accounting Fees: \$9,500

Miscellaneous:

Gifts & Honoraria: \$2,000

PayPal Fees: \$1,400

Tel/Conference Calling: \$2,200

Regional Program Expenses: \$1,100

Meetings and Events: \$10,000 (Includes Leadership Summits and Legislative Galas)

Cash Reserves and Savings

Overall we had a good year and while we needed to dip into savings early in the year due to the web transition and delay in renewals, we expect to be finishing the year with a positive balance. Our savings are in secure CDs and Money Market Savings accounts with no risky investments and while not earning large returns, we have not lost any money in the economic downturn.

Goals for the Coming Year

- Continue to identify areas for cost containment
- Continue to strive toward a completely paperless system
- Work on the development of a policy and procedure manual for the fiscal operations of the organization

Swine Flu Information

Michelle M. Kanavos, MS, APN, BC, LCCE, FACCE

The H1N1 (Swine Influenza) Virus has captured our collective attention. While the basic information about swine flu has decreased over the past few weeks, the full extent of swine flu is still being analyzed; especially its' potential to mutate into a more virulent form. The speed at which the virus has traveled in such a short time is cause for heightened awareness. Our mobile society allows for ease of transmission, requiring all people maintain vigilance. Here are some do's to keep your health optimized as the swine flu continues to progress.

Maintain your health. Eat well, rest and do the normal things you do to be well. This will keep your body at optimal performance to help fight off a virus, should you become ill.

Follow good hygiene practices to stay healthy. Wash your hands using soap and water after you sneeze, cough, use the bathroom, and before you prepare food or eat. Washing with soap and water is the preferred way to cleanse your hands. Hand-washing solutions are an acceptable alternative to clean hands, if washing your hands cannot be done immediately.

Cover coughs and sneezes into a tissue or the inside of your elbow rather than into your hands. Wash your hands after using a tissue. Keep your hands away from your mouth, nose and eyes as viruses are transmitted through these areas very easily. Virus transmission occurs from person-to-person through close contact, shaking hands, touching items that carry the virus – such as doorknobs and light switches. Do not share cups or utensils. Clean

Follow good hygiene practices to stay healthy. Wash your hands using soap and water after you sneeze, cough, use the bathroom, and before you prepare food or eat.

doorknobs, faucets and other common area items to minimize virus transmission. Consider keeping a wider 'personal zone' by not standing or sitting in close proximity to others.

Stay at home if you are sick – especially if you have a fever, vomiting or diarrhea. Staying home also helps to stop the spread of the virus and achieve the public health goal of viral containment. Follow sick care guidelines from public health officials and seek evaluation from your health care provider if you think you may have flu symptoms. Prompt diagnosis and treatment may help to lessen the severity of the illness.

If you still have not seen a need for keeping an emergency preparation kit at home, now is the time to re-think that strategy. Stock your pantry with staples such as canned fruits, vegetables, meats, etc, so that if you were required to stay home you would have the needed basics. Remember you're neighbors—especially if they are elderly or have other limitations. Check on them and see if they need assistance.

If you still have not seen a need for keeping an emergency preparation kit at home, now is the time to re-think that strategy.

Keep current with the latest developments. This is a time to listen and prepare – not to panic. The United States has a sophisticated surveillance system which allows the public health officials to track the disease course and provide accurate information on the disease status. The following are websites that are reputable sources of information regarding the H1N1 virus, flu care at home and emergency preparation suggestions: Centers for Disease Control and Prevention, Massachusetts Department of Public Health and the World Health Organization.

New Gift Ban Legislation Will Impact Regional MCNP Educational Programs

Catherine McKinnon, Web Editor

105 CMR 970.000:

Pharmaceutical and Medical Device
Manufacturer Conduct:

<http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr970.pdf>

As many of you already may be aware, the 2008 Massachusetts healthcare reform legislation included new regulations regarding conduct for pharmaceutical and medical device manufacturers that go into effect on July 01, 2009. Drafted as part of Chapter 305 of the "Acts of 2008, An Act to Promote Cost Containment, Transparency and Efficiency in the Delivery of Quality Healthcare," the new regulations seek to identify and minimize potential financial conflicts of interest between health care practitioners and to ensure transparency around industry payments to health care practitioners.

Although many of our members have already noticed changes in their institutional policies surrounding interactions with pharmaceutical and medical device manufacturer representatives, the new regulations will clearly define in Massachusetts state law what will be legally acceptable.

The MCNP will be working on guidelines in terms of locations and funding so that we remain compliant with the new regulations.

In terms of impact on the MCNP, the new regulations contain rules related to the provision of meals that will have major

implications for our regional program planning. While the days of free concert tickets and lavish dinner outings are long gone, most of our regional dinner meetings have been funded by pharmaceutical support and have been held in local restaurants. This will no longer be possible with the new regulations.

Section 970.006 of the legislation states that:

No pharmaceutical or medical device manufacturing Company that employs a person to sell or market Prescription drugs, biologics or medical devices in the commonwealth may provide or pay for meals for health care practitioners that:

are part of an entertainment or recreational event;

are offered without an informational presentation made by a pharmaceutical or medical device marketing agent or without such an agent being present;

are offered, consumed, or provided outside of the health care practitioner's office or a hospital setting; or

are provided to a healthcare practitioner's spouse of other guest.

Furthermore, *meals provided to health care practitioners in compliance with 105 CMR 970.006 must be modest and occasional in nature.* DPH did clarify in public hearings that that "CMEs, conferences and meetings, and meals in conjunction with CMEs, conferences, and meetings, could be conducted at hotels or conference centers."

The MCNP Education Committee, Officers and Regional Representatives recognize how valuable regional meetings are to its members and are

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working on a plan that will meet the needs of the membership in terms of networking and CME opportunities while complying with the new regulations.

As one possible solution, we are discussing a **Regional Educational Program Series** with MCNP supported programs that would be open to *ALL* members with meeting locations that would rotate to different meeting/conference venues around the state. Regional groups would still be involved with meeting planning and would also serve as “Hosts” when the program is in their region. As for funding, we are still working out the details and will be exploring educational grant options with a goal of keeping the cost reasonable for **Current** MCNP members.

Regions that would like to meet more frequently will still have this option, however the MCNP will be working on guidelines in terms of locations and funding so that we remain compliant with the new regulations.

We will keep you informed as additional details become available and have already begun planning a program for the Fall.

If you have any questions or concerns, please contact:

Catherine McKinnon, NP
editor@mcnpweb.org

Harvard Pilgrim Healthcare Implements Policy Changes to Recognize Nurse Practitioners as Primary Care Providers

Leah McKinnon-Howe, MS, ANP-BC

Harvard Pilgrim Health Care (HPHC) has updated its policies to address the statutory mandate created by the passage of M.G.L. Chapter 176 R, ***An Act to Ensure Access to Nurse Practitioner Care***. To that end, HPHC is now accepting applications from NPs who wish to serve as primary care providers for HPHC plan members, and will list them in their provider directories after they have successfully completed the provider credentialing and contracting processes.

Prior to the passage of this legislation, NPs providing care to HPHC members would do so through their affiliation with HPHC’s contracted individual physicians or practice groups. The physician employer or provider group would then bill for the care delivered by the NP, under the physician or group provider number. The NP was not required to complete a formal credentialing process, and reimbursement was provided directly to the practice. NPs may continue to practice under this model or they

may apply for primary care provider (PCP) status. Please refer to the FAQs outlined below, to determine how HPHC policies regarding NP primary care provider status will affect your practice:

Frequently Asked Questions (FAQs) regarding Harvard Pilgrim Health Care’s Contracting and Credentialing of NPs as PCPs

Will NPs be required to be contracted and credentialed for PCP status with HPHC if they are employed by a physician or group practice, and currently providing care for HPHC members?

No, MGL c. 176R does not require NPs to be credentialed or contracted if the NP continues to practice and bill under a physician. HPHC allows NPs to continue seeing patients under the existing practice model. If the NP wants to manage their own panel of patients and be listed in provider directories, HPHC must be notified. HPHC will

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recognize NPs as PCPs through existing contracts with group practice agreements. The contracted entity must contact HPHC's Provider Call Center at (800) 708-4414 to notify HPHC of their request to add NPs as PCPs to their existing agreements, this initiates the credentialing and contracting processes.

HPHC is a participating health plan with Health Care Administrative Solutions (HCAS). HCAS participating health plans partner with CAQH to collect and store a provider's credentialing information. Information is collected one time from providers, reducing the need to submit multiple applications to different sources. A provider's credentialing data is then utilized to complete the primary source verification process. Aperture Credentialing, Inc. a national credentials verification organization (CVO), performs the primary source verification function on behalf of HCAS participating health plans. This information and more can be found on HCAS' website: <http://www.hcasma.org/index.html>.

NPs who ***will not seek PCP status*** do not need to notify HPHC or be formally credentialed. HPHC will continue to recognize NPs as it did before the passage of c. 176R, as practicing under the HPHC-contracted physician.

Will HPHC credential NPs in independent practice as primary care providers?

HPHC will contract directly with NPs who want to be recognized as PCPs and maintain a panel and who have their own independent practices. NPs must successfully complete the provider credentialing and contracting processes. All NPs who are independently employed, and who are interested in becoming a PCP for HPHC members, should contact HPHC's Provider Call Center at (800) 708-4414 to request an application.

What NP specialty certifications will be recognized as primary care providers?

HPHC will recognize the following certifications as primary care providers:

- Adult NP,
- Family NP,
- Pediatric NP, and
- Gerontological NP

Will NPs be listed in HPHC's printed and web based provider directories?

Nurse practitioners who have applied for PCP status and successfully completed HPHC's credentialing and contracting process will be listed in electronic and printed provider directories (please note that printed directories are only updated annually).

Are there any plans for HPHC to contract with NPs in specialty areas of practice?

HPHC is considering specialty provider contracts with the following NP groups:

- Women's Health NP
- Diabetes management NP
- Neonatal NP
- Acute Care NP

These subspecialties will require credentialing, but are not considered primary care providers, once additional information becomes available it will be shared.

As a credentialed HPHC PCP, will I be required to have hospital admitting privileges?

Hospital admitting privileges are not a requirement for PCP status, but there must be a mechanism in place (coverage by supervising MD or hospitalist program) that insures appropriate

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inpatient management and care of HPHC members requiring hospitalization. The care may be provided by an NP if he/she has

hospital admitting privileges and is credentialed by the admitting institution. This stipulation is addressed through the credentialing process.

Regional Reports: Pioneer Valley

Jeanne Allen

We wrapped up the first half of the year with a program on “Dual Diagnosis for the Non-Psychiatrist.” “Interventional Interviewing” and “Acne in Adolescents” on board for early Fall. We still collect for the less fortunate at each meeting, and our relationship with El Progreso, Honduras continues to grow. We are always looking for more volunteers—for the Education Committee and for the medical brigade each spring!

Due to changes in Pharma guidelines and new regulations going into effect on July 1, we are instituting some changes for programs in Fall and beyond. Instead of requiring a returnable deposit for all programs, and a \$10 fee for non-members, we will be asking \$10 from members and \$15 from non-members—no additional deposit. This is to help defray the cost of the simple meals we will be offering. This way we can continue to offer Continuing

Education programs with credits, which the majority of regional members have said were most important to them. We are investigating other ways to finance programs.

Your membership dues are still a great bargain! The web site, all the job postings, membership directory, representation at the national level (American Academy of NPs, American College of NPs) and many state-level committees are supported by your dues. In addition, all the legislative work and involvement in promulgating regulations to ensure nurse practitioners are not shunted out of the health care arena are supported by our dues.

A special thanks to Jean Rogers, Judy Mealey, Eileen Berge, Lisa Appleton and Peggy Warwick for their work on the Education Committee. They do a wonderful job!

Regional Reports: North Shore

Carin Bennett-Rizzo

The North Shore MCNP region continues to be very active and the educational offerings are well attended, with most offering having an average of 60 attendees. Margot Kingston is stepping down as co-chair MCNP of the North Shore. She started many years ago on the CEU committee, then chaired the CEU committee for several years. New co-chair Joan Sweeney will be joining Gerri Berlin-Cohen. Diane Macys is also stepping down after 10 years as State regional rep for MCNP. Diane has served as Vice President for 2 years and membership chairperson for 6 years. Ann Marie Bourke will join Carin Bennett-Rizzo as regional representative. Ann Marie was also the recipient of the Nurse Practitioner Preceptor of

the year award this year! Congratulations Ann Marie!

Our biggest potential obstacle this fall will be the new laws in Massachusetts pertaining to Pharmaceutical Company sponsorship of promotional/educational programs. We currently have 8 topics/programs, beginning in September. Pam Caires has been able to secure a grant to provide CEU's for the September 2009 educational offering. Nancy O'Rourke joined us at our May meeting/ banquet in her effort to visit all of the regions of MCNP. North Shore MCNP members commented that it was nice to "put a face to the name" and they really appreciated Nancy's effort to join the group for the night.

MCNP Member Directory Goes Live!

Catherine McKinnon, Web Editor
Editor@mcnpweb.org

As part of our ongoing efforts to go paperless, we are pleased to announce the completion of our online Member Directory.

Similar in format to the paper versions we have printed in the past, the online version allows CURRENT members to search for their MCNP colleagues.

Access to the directory feature is password protected through the member login system and is only for current member viewing.

In order to protect your privacy, the online member directory is formatted to include member name, work address, work telephone, and email

address (which may be work or home depending on which is listed in the database).

At the time of annual renewals (and at any other time by logging into the system), members can opt out of this or specify what information, **if any**, they want included.

We ask that you take a moment to log onto the MCNP website at http://mcnpweb.org/member_login.php to make sure your member information and directory preferences are correct. Please let me know if you have any questions, concerns or difficulty logging onto the site.

NP Volunteers For Nursing Mentor Pilot Program

Margaret Bergmann, NP

MARN member, Margaret Bergmann, NP, volunteered for a novel Pilot Program, 1st in the nation regarding the concept of mentor-mentee program in nursing. The MARN Mentoring Program entitled, "Mentoring Matters: A Pilot Program for Novice Nurses," is an innovative grant-supported statewide opportunity for experienced nurses to mentor novice nurses. This Mentoring Program, partially funded by a Center for American Nurses grant, is based on a caring model and focused on increasing the retention of nurses and expanding their career satisfaction and potential. The program honors the Mentor-Mentee relationship-building process with encouraged face-to-face meetings and virtual forms of communication. Contact Lynne Wagner, Coordinator of the MARN Mentoring Program, at Lynnewagner@comcast.net or atinfo@marnonline.org for more information or with any questions about the program.

Our Students and Faculty Need Your Help!

Every year the MCNP receives countless requests from our student and faculty members for clinical placements.

In an effort to address this need, the MCNP has created a dedicated preceptor email list to identify those MCNP members who would consider taking a student. By doing so we can focus our efforts and ensure that only interested individuals receive preceptor related emails. Please note that by agreeing to be added to this list, you are making no commitment other than to receive preceptor related emails.

If you are interested in being added to the Preceptor List, please contact: editor@mcnpweb.org