



From Our President...

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

Dear colleagues,

In 1996 I was informed that my employer could not get reimbursed for my services as a NP and that they could not afford to continue my employment. I was so distraught that I sought advice from a physician colleague. His response was "Why did NPs let this happen? Medicine would have been all over this." He advised me to call my national organization. I did contact them and found that they WERE all over this issue. I became involved immediately, actively lobbying for NP inclusion in the legislation and for reimbursement.

In 1997, as a result of strong grassroots lobbying, the Balanced Budget Act (BBA) was passed which included reimbursement for NPs at 85% of the MD rate. This was a huge national NP effort and was one of utmost importance. Without inclusion and reimbursement, most NPs would have been out of a job or relegated to a lesser role.

An Indian proverb states "Life is not a continuum of pleasant choices, but of inevitable problems that call for strength, determination, and hard work". We now face a significant legislative challenge, one that rivals the issues of 1996 and the BBA.

Massachusetts led the nation in creating universal health care legislation. We have now been charged with developing a system of health care payment reform that will be a model for national reform. Over the past few weeks the Special Committee on Payment Reform released its report and the initiative to move us forward in changing how health care is delivered and reimbursed has taken on a life of its own. I have been at meetings in Boston at least three times a week for the past

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month. Every major stakeholder is at the table. We learned that legislation will be written within the next three months and will be put forth in this legislative session. The discussions of how to cost save are focused on medical home and payment reform.

Make no mistake. This is not about taking care of patients and it is not about "health care" reform...it is about protecting the historical role of the primary care physician and payment reform; who controls the money. It is imperative that every NP understands what the implication of discriminatory language in this legislation will mean for our profession. Not since Balanced Budget Act of 1997 has our profession been so threatened.

We must be involved in this discussion and we must be present and vocal. We have to be included in all language and we must be included as leaders, not just "part of the team". We must have the ability to be a part of the ACO. We must be reimbursed for our services. And we will not be relegated to the role of "care coordinator". In this newsletter we will attempt to explain the concepts of medical home, accountable care organizations, global payments and what this means not only for NPs but for health care in general.

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Please take the time to become familiar with these concepts. Please think about the future of nurse practitioner practice if we do not have inclusive language in this legislation. Please now, think about becoming more active, involved and supportive. Because NOW is the time and because the alternative is NOT acceptable.

Make no mistake. This is not about taking care of patients and it is not about "health care" reform...it is about protecting the historical role of the primary care physician and payment reform; who controls the money.

New Gift Ban Legislation Impacts MCNP Regional Educational Programs

Catherine McKinnon NP, Web Editor

As most of you are already aware, the 2008 Massachusetts healthcare reform legislation included new regulations regarding conduct for pharmaceutical and medical device manufacturers that went 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.

105 CMR 970.000:

Pharmaceutical and Medical Device Manufacturer Conduct:

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

In terms of impact on the MCNP, the new regulations contain rules related to the provision of meals that have major implications for our regional program planning. While in the past, most of our regional dinner meetings have been funded by pharmaceutical support and have been held in local restaurants, this is no longer 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:

- 1) are part of an entertainment or recreational event;*
- 2) are offered without an informational presentation made by a pharmaceutical or medical device marketing agent or without such an agent being present;*
- 3) are offered, consumed, or provided outside of the health care practitioner's office or a hospital setting; or*
- 4) are provided to a healthcare practitioner's spouse or 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." More recently, the MCNP also clarified that programs indirectly funded by pharmaceutical support but hosted by "third-party" CME organizers may be held in restaurants.

As several of our more active regions have already figured out, there is still program funding and sponsorship available. It is primarily the program venues that have changed. Rather than taking place

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in local restaurants, they are being held in the conference rooms of local hospitals and practitioner's offices. The end result of networking and continuing education is nonetheless the same.

The MCNP Education Committee recognizes how valuable regional meetings are to its members and are working on guidelines to help the regions with program planning and compliance with the new regulations. The MCNP Executive

committee and Officers are also working on an MCNP policy statement regarding interactions with pharmaceutical and medical device manufacturer representatives, so that members may use this as a reference.

If you have any questions, concerns, or feedback please contact:

Catherine McKinnon, NP
editor@mcnpweb.org

American Academy of Nurse Practitioners Inducts Fellows at National Conference

Lisa Arello

Lisa Arello, Past President and Barbara Rosato, Vice President represented MCNP at the AANP national conference in Nashville, Tennessee this past June. The 2009 conference reached the highest number of attendees to date, with 4500 participants. The conference emphasized health policy, changes in healthcare across the country and meeting the healthcare needs of the country, according to Zo DeMarchi, Director of Association Services. Lisa and Barbara, along with President Nancy O'Rourke, represented Massachusetts at the annual leadership luncheon and led a roundtable discussion regarding current legislative initiatives in

Massachusetts. In order to promote the goals of MCNP, sessions attended included information on legislation regarding the pharmaceutical industry and educational programs, medical home project and healthcare reform legislation, health policy.

FAANP inducted 47 new fellows at the ceremony on June, 20, 2009. Our special congratulations to our own President, Nancy O'Rourke, who was the only member inducted from Massachusetts. Fellows are NPs who have made outstanding contributions and leadership in healthcare practice, research, education, or policy. They develop leadership and mentorship programs.

H 3906 Section 35 Authority

Beth Rowlands, DNP

Psychiatric nurse practitioner Peter Amari has teamed up with Representative Miceli and Nurses United for Responsible Services (NURS) to introduce a bill allowing NPs and psychiatric CNS's (Clinical Nurse Specialists) to have section 35 authority- the right to petition the court for civil commitment of an alcoholic or substance abuser. The bill was heard by the Joint Committee on Mental Health and Substance Abuse on June 10, 2009. The bill remains in committee and has not yet been released to the House floor for a vote.

Of note, currently, psychiatric CNS's have section 12 authority for involuntary commitment to a psychiatric facility, while NPs do not. Let MCNP know if this issue is important to you and whether or not MCNP should join with NURS to change the section 12 language to include NPs.

Please go to the MCNP web site for more information and a sample letter to show your support for this call to action.

MCNP Public Health Advisory Regarding Bisphenol A (BPA)

Frances Medaglia, PhD, MSN, ANP, BC
MA DPH Bureau of Environmental Health

The Massachusetts Department of Public Health (DPH) is issuing a public health advisory for consumers concerning bisphenol A (BPA). BPA is present in baby products, including baby bottles and some infant formula. A number of studies in laboratory animals have raised concerns about potential health effects during fetal development and among nursing or formula-fed children who may be exposed to BPA. These effects include but are not limited to: changes in the infant's developing nervous system, such as thyroid function and brain growth; changes in behavioral development, such as hyperactivity; and changes in the normal development of the prostate gland.

DPH is specifically advising parents and caretakers of children up to two years old to avoid the use of products that contain BPA for making or storing infant formula and breast milk. DPH is further advising pregnant and breastfeeding women to avoid products that may contain BPA. Current research suggests that BPA levels in newborns may be much higher than in adults. While researchers caution that more research needs to be conducted, it seems prudent to reduce exposures for pregnant and breastfeeding women to the extent possible in order to reduce levels in their newborn children.

BPA is used as a liner in some food and beverage cans to prevent spoilage. It is used in a variety of other consumer products to enhance the structural integrity of plastic containers. Alternatives to plastic containers that have BPA as a component are available, and some are made by the same companies that produce products containing BPA.

Transparent (clear or colored) plastic containers or baby bottles with the recycling number 7 and the letters PC, which stand for "polycarbonate" plastic, should be avoided to the extent possible. Heat can increase the release of BPA from polycarbonate plastic.

Therefore, consumers should consider the following:

- Avoid heating plastic containers with the recycling number 7 and the letters PC in microwave ovens, in water on the stovetop, or by adding boiling water into them, particularly when preparing infant formula.
- Wash the containers by hand with warm water and soap, instead of in dishwashers.
- Stainless steel and glass do not contain BPA.
- Replace worn or scratched polycarbonate plastic containers, preferably with glass or stainless steel containers.
- Pregnant or breastfeeding women can eat or cook with fresh or frozen products instead of canned foods—which may contain BPA—to reduce fetal or infant exposure to BPA.

Some studies have found BPA in containers of canned liquid infant formula. Powdered formula does not appear to contain detectable levels of BPA. If special formula is required because of a medical condition, parents should not make any changes to their baby's diet without consulting with their health care provider first. It is likely that known medical risks from discontinuing the use of special formula may be far greater than those that may result from BPA exposure from this source. **The most effective means of reducing BPA exposure to infants is to breast feed.** For both baby and mother, breastfeeding has many well-documented health benefits:

- Breastfed babies have lower rates of some of the most serious chronic diseases: asthma, diabetes, and some childhood cancers.
- Breastfeeding reduces the risk and severity of infectious diseases: pneumonia, diarrhea, and ear infections.
- Women who breastfeed have lower levels of ovarian and breast cancer, and breastfed daughters also have lower rates of breast cancer when they grow up.

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BPA Health Advisory from page 4

The federal Food and Drug Administration (FDA) is currently considering the scientific evidence related to health risks associated with BPA in foods and consumer products and is expected to determine the need for regulatory action in 2009. Current research on health effects associated with BPA exposure includes effects during fetal developmental and among infants, and children. Recent preliminary studies also suggest that BPA may interfere with the

effectiveness of breast cancer chemotherapeutic drugs in cell culture, and may also be associated with diabetes and cardiovascular conditions in adults.

An educational brochure on this topic can be found at the DPH web site at:

www.mass.gov/dph/environmental_health

Website and Database Update

Catherine McKinnon, MCNP Web Editor

The new website is up and running at www.mcnpweb.org and is updated on a regular basis with news and calendar events.

The website is fully integrated with the database so that members can pay their dues on-line via Paypal and enter/update their personal information and email list preferences.

It has a Member Login section http://mcnpweb.org/member_login.php that allows *CURRENT* members to log on at any time to update their information and to view all recently posted job openings. It also allows access to our Member Directory search feature that includes all current members who wish to be listed.

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. We have had some recent feedback from members

who have had difficulty obtaining their username and password through the automatic reply system and have made some changes to the website to address the issue. Should you have any trouble, please contact Peg Carlson at carlsonmcnp@comcast.net who will be able to assist you.

Our e-mail lists remain a vital 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.

As your web and email list editor, I welcome your feedback and suggestions. Please send me an email at editor@mcnpweb.org if you have any questions or should you have any difficulty logging into the member system.

Save the Date!

Please join us for the 17th Annual Northeast Regional Nurse Practitioner Conference on May 5-7, 2010 in Manchester, New Hampshire. Our keynote speaker is Tom Bartol, NP, CDE who will address *Managing Your Practice So That Your Practice Doesn't Manage You: Technology, Work Flow And Self-Care*. He will focus on becoming more efficient and more effective in your work by using creative ways to deal with technology, manage work flow, and to take care of yourself. The annual meeting for MCNP will be held during lunch. The conference is a great way to hear about our clinical, professional and politic issues and an opportunity to network among your peers. Look for more information in the coming months...

New England Organization of Doctors of Nursing Practice

Beth Rowlands, DNP

The New England Organization of Doctors of Nursing (NEODNP) is an organization for Doctors of Nursing Practice (DNPs) located in the Northeast region of the United States. As a group, they seek to create a unified means of networking and advocating for professional issues that are unique to the educational background and practice of DNPs.

Consistent with their mission is a commitment to:

- Promote excellence in DNP Education and Clinical Practice across all APRN roles.
- Establish a forum for DNP students to exchange ideas and gain mentorship from established DNPs.
- Engage in advocacy at the local, state, and federal levels for the recognition and advancement of DNPs as leaders and providers of high-quality healthcare.
- Advocate for DNP recognition as key constituents for health care reform.

- Advocate for policy and legislative changes that support the practice of DNPs and the health and well-being of the patients and the organizations they serve.
- Develop and enhance partnerships to support the role and the outcomes of the Executive Nurse Leader/Administrative DNP.
- Network and Partner with established APRN and Nurse Executive Organizations around areas of mutual interest.

The NEODNP website is currently under development, but feel free to contact the organization at NEODNP@gmail.com.

A breakfast event will be held at the Summer Winter Restaurant, Burlington Marriott on Saturday November 14th where the topic, *The DNP: Exploring the Impact of the Degree Upon APRN Roles* will be discussed. For more information, contact NEODNP@gmail.com.

MCNP Annual Membership Drive Continues!

Catharine McKinnon, Web Editor

Our annual MCNP membership renewal drive continues and we are pleased to report that as of September 21st more than 675 members have paid their dues.

For those who have not renewed their MCNP membership, we urge you to do so. With our recent lobbying initiative related to health care payment reform, we need your economic support now more than ever. We are a small, all volunteer organization, and it is only by maintaining our membership numbers that we will be able to continue to work on your behalf.

We have received feedback from several members who have had difficulty logging into the website to renew their membership and have made some changes to the site to address this. Should you have any trouble retrieving your username and password, please contact

Peg Carlson at carlsonmcnp@comcast.net who will be able to assist you. For those who may be reluctant to pay their dues online and prefer to pay by check, a paper application is also available for download.

Due to ongoing updates with the website and email system last year, inactive members continued to receive email notices and program invitations throughout the year. Given our current limited resources for regional programs, we will be unable to continue this practice and *in the upcoming weeks will be setting a cut-off date after which point only current members will be included.*

So if you have not already done so, **please** visit <http://mcnpweb.org/membership.php> and renew your MCNP membership today!

The Patient Centered Medical Home and the MCNP: In the Middle of State Policy and a National Debate

Craven & Ober. Policy Strategists, LLC

When MCNP succeeded in passing the new Massachusetts state law recognizing the nurse practitioner (NP) as a primary care provider (PCP) and allowing insurance beneficiaries to choose NPs from a directory listing of PCPs, we also accomplished NP inclusion in several other areas of the law. As you likely recall, the new PCP law, known as Chapter 176R, was part of a very large phase II health care reform bill designed to address cost containment, quality and access issues in Massachusetts as a result of health care reform phase I, ensuring affordable insurance coverage for Massachusetts citizens. Of its many sections, NPs secured actual language in the loan forgiveness for primary care providers section allowing NPs to qualify for educational loan re-payment, secured a seat on the Massachusetts Department of Public Health, Healthcare Workforce Center Advisory Committee and secured provider neutral language in the establishment of the Massachusetts Medical Home Demonstration Project, titled the Patient Centered Medical Home (PCMH) Initiative.

SECTION 30 of Chapter 305 of the Acts of 2008 established the medical home demonstration project by noting: "... the office of Medicaid, subject to appropriation and the availability of federal financial participation, and in consultation with the MassHealth payment policy advisory board, shall establish a medical home demonstration project. Within the demonstration project the office of Medicaid shall restructure its payment system to support primary care practices that use a medical home model and shall develop a program to support primary care providers in developing an organizational structure necessary to provide a medical home. The office of Medicaid shall work with Medicaid managed care organizations to develop and implement the project." The Massachusetts Executive Office of Health and Human Services

(EOHHS) has set the goal for all primary care practices in Massachusetts to become patient-centered medical homes (PCMHs) by the year 2015.

EOHHS Secretary Bigby has appointed MCNP President, Nancy O'Rourke, to the PCMH Initiative Coordinating Council, to develop a framework for implementing a Massachusetts Multi-Payer Patient-Centered Medical Home Initiative (PCMH Initiative). The PCMH Initiative Coordinating Council (PICC) is comprised of providers, public and private payers and purchasers, government, researchers, consumer advocates and other stakeholders from across Massachusetts. PICC activities are being facilitated by consultants at Bailit Health Purchasing, LLC.

There are no hard and fast rules on how this should roll out, no clearly successful other models to emulate. MCNP is forging new ground, yet again.

The purpose of the PICC is to jointly design and implement payment models and practice transformation strategies to support a large-scale roll-out of public-private multi-payer medical homes across the Commonwealth. President O'Rourke has been working on the council to ensure that NPs may be included as PCPs for selected demonstration sites. The need to ensure that the final content regarding definitions and parameters for the medical home demonstration project will recognize the critical and central role of the NP is one goal among others that your Legislative team, including Policy Strategists, LLC as your agents, has been working on. The council will be writing up a solicitation to participate in the multi-year project that will be

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sent to general primary care provider practices requesting response proposals. The selection of these provider practices based on responses submitted will be a competitive process. Therefore, another MCNP goal is to leverage any and all political contacts and strategies to identify practice sites whereby the NP is recognized as a participating PCP for a medical home demonstration site that will successfully produce measurable and improved clinical outcomes and satisfaction for patients. The practice sites selected for the demonstration may first start their practice transformation by focusing on a defined subset of patients, such as those with congestive heart failure or diabetes. The goal is to have all patients actively participate in a medical home.

Some of the goals of the PCMH are to transform practice and payment to move away from a patient encounter based system of care delivery and payment to a patient centered model of comprehensive care with multi-disciplinary care management under a global payment methodology. Thus far, the council has agreed that because 83% of private carriers are utilizing a fee for service (FFS) method of compensation, phasing in the medical home model will likely result in a formula of FFS, plus lump sum payments for start up costs, and some form of pay for performance compensation to participating practice groups. Separate resources will be providing the selected practices with required Health Information Technology (HIT) infrastructure that performs decision making support functionality. Some of the transformation issues that have already been discussed include, but are not limited to: Community-based chronic condition self-management courses; HIT, including web-based clinical tracking systems and practice-level reports; Community Care Teams composed of NP, MSW, dietician; behavioral health specialists; community health workers; public health specialists; and prevention specialists. There's also been an expressed recognition of the need for learning collaboratives and technical

assistance to achieve National Committee for Quality Assurance (NCQA PCMH-PCC) recognition, for quality improvement coaches, and for other support tools.

Some states already have demonstration projects underway. For this reason, as you can see, MCNP is in the middle of state policy change and in fact a national debate on changes in the delivery and payment for primary care services. In representing MCNP and its members, this team will strive to best position NPs in key roles that maximize your scope of practice, elevate your visibility in the system, and include NPs in the outcomes measures of patient satisfaction and disease management. There are no hard and fast rules on how this should roll out, no clearly successful other models to emulate. MCNP is forging new ground, yet again.

As this model becomes clearer, we do know that a corollary and equally important debate solely on payment reform has begun and may result in health care reform phase III in 2010. Please remain active and engaged as an MCNP member. Your profession will be represented at these policymaking tables and discussed in coming months. Your leadership team will likely call on you periodically to be active politically in order to safe guard your patients and your practice!

Merrimack Valley Regional Update

The Merrimack Valley Region Chapter will continue to attempt to have monthly meetings again this year. On October 26th we will be having a program on Medicare part D and November 16th we will be learning about depression. In accordance with the new regulations, we have several options for venues for our future chapter meetings, primarily in the Lowell area. Planning for 2010 programs is still underway.

Wouldn't you love to double your patients' chances of quitting smoking?

You can—and QuitWorks can help. **QuitWorks** is a free stop smoking fax-referral service of the Massachusetts Try-To-Stop Smokers' Helpline. The Helpline provides telephone tobacco cessation coaching to Massachusetts residents. Developed in 2002 through collaboration with the Massachusetts Department of Public Health, medical researchers and all major health insurers, QuitWorks has been used by over 2,000 Massachusetts providers to refer more than 18,000 smokers to help them quit for good.

Now, for a limited time, when you refer them to QuitWorks using the simple enrollment form, your patients will receive a free two-week supply of nicotine patches—in addition to free, phone-based counseling. Smokers who quit by using medication and counseling together are more than twice as likely to quit smoking for good.

Recent improvements have made it easier than ever to enroll patients in the QuitWorks program. Providers speak with interested tobacco users, then send a simple enrollment form by fax. QuitWorks will call your patients and offer the patches and counseling. You will receive a fax back from QuitWorks letting you know what services your patient enrolled in.

QuitWorks' acclaimed phone-based counseling is a permanent service, but the patch promotion is time-limited and runs through June 30, 2010 or while supplies last. QuitWorks will conduct a medical screener for each patient to make sure the patch is appropriate and safe for them. More information and downloadable referral forms are available at www.quitworks.com or by contacting John Bry at (617) 624-5973 or john.bry@state.ma.us.

Fluoride Varnish Treatments Now Reimbursable

Marjorie Crabtree, NP

Dental decay is a preventable oral health care problem. When children are not exposed to Massachusetts communities who have water fluoridation or fluoride sources such as toothpaste, water and vitamins, rates of dental caries increase, causing pain, difficulty eating, sleeping, learning and problems with nutrition. Oral health assessments are done by health care providers. Now in Massachusetts, nurse practitioners as primary care providers can apply fluoride varnish to high risk children after completing an oral health care assessment in the health care setting. Fluoride varnish replaces the plaque bacteria from taking minerals out of the tooth enamel. Topical fluoride varnish prevents tooth decay. Mass Health now pays for trained providers to apply fluoride varnish treatment (FVT) in primary care offices.

According to the CDC (1999) fluoridation of drinking water prevents dental caries. Many communities in Massachusetts do not provide fluoride in their drinking water, (Delta Mass, 2009) resulting in tooth decay in children. Many recent studies have been done to support the use of fluoride varnish application at well child visits to prevent dental caries. Mehran's et al (2008) research concluded that FVT provided over a six month period prevented baby bottle tooth decay in children ages one to three. Holve (2008) concluded that preschool American Indian children who had the recommended FVT over a three year period had a 35% reduction in cavities. Lawrence et al (2008) conducted a two year trial of FVT to prevent early childhood caries in Aboriginal children. These findings supported the use of FVT at least twice per year in conjunction with caregiver counseling to prevent oral health inequities. In 2008, The

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American Academy of Pediatrics published a policy statement on preventive oral health intervention for pediatricians and other clinicians. This policy serves as a resource for clinicians to become knowledgeable about addressing dental caries and urges clinicians to incorporate oral health care in their daily practice.

Training is required in Massachusetts for health professionals to apply FVT. Training is available on line at the American Academy of Pediatrics Oral Health training on Cavity Risk Assessment and from Smiles for Life Program. Massachusetts providers can bill Mass Health the code D1206 for reimbursement from the Massachusetts Health website.

Fluoride varnish is a topical fluoride when painted onto teeth helps to prevent cavities in high risk children. It is an important part of oral health care. Mass Health now reimburses health care providers for applying FVT to help reduce the number of children who suffer from tooth decay. Nurse practitioners as primary care providers should integrate oral health care and fluoride varnish treatment into their well child visits.

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Smiles for Life program: www.smilesforlife2.org, Module 6.

University of Massachusetts Lowell Department of Nursing

The **University of Massachusetts Lowell Department of Nursing** offers 3 certificates that may be of interest to nurse practitioners. More information about programs for nurse practitioners can be found at the Department web site at www.uml.edu/nursing. Applications for all programs are available at www.uml.edu/grad.

Nursing Education Certificate (12 credits) This certificate responds to the growing need for professional nurses who have specialty education in teaching methods and curriculum. It is intended for nurses who hold a masters degree, a doctoral degree, or are matriculated in a doctoral program. The courses emphasize teaching/learning

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principles, curriculum and instruction, and research evaluation in higher education. (Contact Ruth_Remington@uml.edu for more information)

Graduate Certificate in Gerontological Nursing

(13 credits) This certificate is for nurses who want to expand their knowledge about issues related to nursing care of older adults. The certificate will focus on topics pertinent to the health care of well older adults and those with chronic health problems. Content will include gerontological nursing theory, health promotion and preventive care, psychiatric and mental health issues in the older adult, palliative and end-of-life care, as well as pharmacological issues. (Contact Ruth_Remington@uml.edu for more information)

Post-Master's Adult Psychiatric/Mental Health Nursing Certificate

This 18- credit post-Masters

certificate in adult psychiatric and mental health nursing provides MS- prepared nurse practitioners and clinical nurse specialists with the knowledge and skills necessary to care for adults with psychiatric and mental health issues. Those who complete the certificate are eligible to sit for the national certification examination for nurse practitioners and/or clinical nurse specialists in adult psychiatric and mental health nursing. Contact Betty_Morgan@uml.edu for more information)

UML also offers a Post-MS DNP Program for Nurse Practitioners.

The purpose of the 41 credit DNP program is to educate nurse practitioners who not only provide quality primary care to patients, but who assume leadership roles in the health care system, and have the knowledge and skills necessary to propose solutions to improve patient care and health care outcomes. (Contact Susan_Houde@uml.edu for more information)

Distinguished NP of the Year Award

The MCNP Distinguished NP Award recognizes a 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 will be one award determined on an annual basis, presented at the Annual Meeting of the MCNP. The Awards Committee will review all nominations for compliance with the criteria, and the award recipient will be determined by a simple majority through secret ballot of the Board of Directors.

Criteria for all Nominees:

1. Current license to practice in the Advanced Nurse Practitioner Role in the State of Massachusetts.
2. Current member of the MCNP.

Criteria for Individual Categories above:

1. For the Professional Activities category:
 - a. Has held an elective MCNP office, or has chaired an MCNP committee.
 - b. Has demonstrated leadership and contributed to the purposes of the MCNP.
 - c. Demonstrates leadership skills.
 - d. Exhibits strong commitment to the MCNP.
 - e. Is a positive professional role model.
2. For the Activities Supporting the public image of the NP category:
 - a. Utilizes the public media, literature, legislation, and/or community in support of the NP role.
 - b. Advocates for NPs and the NP profession.
 - c. Demonstrates leadership skills.
 - d. Enhances the image of the professional NP at the local, state, or national level.

Distinguished NP of the Year Award Nomination Form

In support of the nomination, please include a letter(s) of support which addresses two of the five criteria demonstrating distinguished NP characteristics. Please submit all information by regular post or email to:

Susan Frazier

11 Winterfield Drive

East Bridgewater, MA 02333

Deadline for Submission is **February 28, 2010** (*special delivery mail will not be delivered*)

Name of the nominator (your name)

Your home address.....

Your home telephone number

Your email address

Are you a CURRENT member of MCNP? YES NO

Name of member you are nominating.....

Nominee home address.....

Nominee home phone.....

Is the nominee a CURRENT member of MCNP? YES NO

State in which the nominee is licensed as an NP.....

Professional information about the nominee:

Certification as: FNP ANP PNP GNP WHNP Other:.....

Educational Degree.....

Title at place of business.....

Place of business.....

Business address.....

Business phone.....

Distinguished NP Nomination Criteria from page 11

3. For the Excellence in provision of health care services category:
 - a. Functions as a role model for excellence in NP practice.
 - b. Contributes innovative, progressive ideas which enhance NP practice.
 - c. Demonstrates positive relationships with patients, as well as colleagues.
4. For the category Significant research which supports the NP role:
 - a. Has completed post-baccalaureate, post-masters, or post-doctoral research which supports NP practice and which is for purposes other than degree requirements.
5. For the category Excellence in NP education:
 - a. Involved with the education of NP students.
 - b. Demonstrates creativity in instructional material, or teaching methods.
 - c. Is a positive role model for students and colleagues.

MCNP ANNOUNCES NOMINATIONS OPEN

Exceptional Preceptors Award Criteria

The MCNP Exceptional Preceptor Award recognizes nurse practitioners in each region 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 will be up to *five* awards presented on an annual basis, presented at the Annual Meeting of the MCNP. The Awards Committee will review all nominations for compliance with the criteria; and the award recipients will be determined by an ad hoc committee comprised of the Board of Directors. We invite you to submit your nominations for the best preceptor in your region.

CRITERIA FOR ALL NOMINEES

1. Current license to practice in the Nurse Practitioner role in the State of Massachusetts
2. Exhibits excellence as a nurse practitioner and as a preceptor by demonstrating expert patient care skills while teaching advanced clinical skills and theoretical

3. Is creative in approach to nursing care and/or teaching
4. Has had a positive effect on clients and on nurse colleagues
5. Utilizes current research to enhance quality of care and the education of the student

INSTRUCTIONS FOR NOMINATION

- It is not necessary to be a member of the MCNP
- Nominators must be students or members
- Awards are presented according to the region in which the nominator lives or works
- The Nominations Form may be photocopied for multiple nominations
- All nominations must be typed or clearly printed
- All nominations submitted become property of the MCNP.

Exceptional Preceptors Award Nomination Form

Name of Nominator _____

Your home address _____

Your home phone _____

Your email address _____

Are you a current member of MCNP? YES NO

Name of Nominee _____

Nominee's address _____

Nominee's phone number _____

Professional information about the nominee:

Certification as: FNP ANP PNP GNP WHNP Other: _____

Educational Degree(s): _____

Nominee's Employer _____

Business Address _____

Business phone _____

Signature of Nominator _____

In support of the nomination, please include a letter of support which addresses the criteria for exceptional preceptor characteristics.

If you would like to nominate someone for this award, please follow the guidelines, and submit your nomination in writing, with supporting documentation via regular mail (no signature required, please) or email by February 28, 2010 to: Susan Frazier, NP, 11 Winterfield Dr, East Bridgewater, MA 02333 or winterfield@comcast.net

All nominations will be reviewed by a special committee, and the award will be given at the Northeast Regional NP Conference in early May.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

North Shore Regional Update

The North Shore would like to update the membership on its current regional chapter leaders for 2009–2010.

CO-CHAIRS: Gerri Berlin-Cohen & Joan Sweeney

MEMBER AT LARGE: Pat Sheridan

MEMBERSHIP: Diane W. Bucknill & Judy Feener

MCNP REPRESENTATIVE: Carin Bennett-Rizzo & Anne Marie Bourque

CEU COMMITTEE: Pamela Caires (Chair), Cynthia Johnson, Pat Hess

RECORDING SECRETARY: Denise Dwyer

Regional representatives have been busy this summer preparing for another active year in the north shore region. The new FDA/Pharma regulations have been a challenge and we are grateful for Nancy O'Rourke's help and the support of the MCNP. Due to the new regulations there will be changes to the format and scheduling of programs. We need to meet in a non-restaurant, medical affiliated setting and as such the CEU committee has been scrambling to find available venues. Our usual meeting time is the second Tuesday of the month, however, many of the acceptable venues are already booked, so some of our meeting dates will be different. The schedule thus far is as follows:

Oct: Date and location TBD: Women's Cardiac Care/ sponsored by Novartis.

Nov: Date and Location TBD: Alzheimer's Disease /sponsored by Novartis.

Dec: No meeting.

Jan: 1/5/10 (1st Tue of the month): Beverly Hosp: Insomnia/sponsored by Sanofi-Aventis.

Feb: 2/16/10 (3rd Tue of the month): Beverly Hosp: HTN/sponsored by Sepracor.

Mar: 3/9/10: Sports Medicine North: Chronic Pain

Apr: 4/13/10: Sports Medicine North: Lower Extremity Orthopedics.

May: 5/18/09 (3rd Tue of the month): Beverly Hosp: Diabetes

A North Shore MCNP Survey was completed at the September meeting to determine the objectives of the group. The results are as follows. 42 surveys were returned, multiple answers were received on some questions.

1. What is your main goal or value for MCNP meetings? (Please rate (rank) 1–4) 1 2 3 4

Educational program (1)–24; (2)–5; (3)–6; (4)–2
Networking (1)–11; (2)–12; (3)–6; (4)– 3
Dinner (1)–1; (2)–5; (3)–2; (4)–21
Support Organization (1)–4; (2)–7; (3)–14; (4)–5

2. How many meeting do you attend during the year? A)1–2, B)3–4, C)5–6, D)7+

(A)–2; (B)–3; (C)–9; (D)–22;

3. Would you be willing to pay for dinner?

(Yes) 35 (No) 3

4. Amount willing to pay? \$10 \$15 \$20 \$25

(\$10)–9; (\$15)–4; (\$20)–15; (\$25)–7;

5. Would you be willing to present to group?

Yes to the following: Practical Issues/ Case Studies, Homeless Healthcare, Anything OB/GYN/ Women's Health/ Ethics/ Lactation, ADA, FMLA, Orthopedics, Sleep apnea

6. What is the best night for you to attend a program? Mon Tues Wed Thurs

(1)–7, (2)– 34, (3)–14, (4)–10

7. Would you be able to attend if the meeting night varied every month ?

(Yes) 32 (No) 12 (Maybe) 5

8. Do you have any suggestions to keep the North Shore group active with the new laws that restrict our options?

Simple refreshments, cash bar; No restaurant sites to keep us together; Have meetings at the colleges; Informal Presentations and meetings: Wine and appetizer; "Fancy Dinners" not as often; The annual membership fee is very low; Willing to pay a north shore group fee to contribute to cost; Look for other business partners/sponsors; Look at NSWIB (north shore women in business) org for ideas; Non pharmaceutical sponsors are available; Secondary Education, Local hospitals; Cocktail Hours